

OUTPATIENT GROUP PROGRESS NOTE

Client Name: _____ Client ID: _____

Service Date*:	Is service billable? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is service DMC-billable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Time of Service: <input type="checkbox"/> am <input type="checkbox"/> pm	End Time of Service: <input type="checkbox"/> am <input type="checkbox"/> pm	Group Service Time:	
Travel to Location Start Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Travel to Location End Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Travel from Location Start Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Travel from Location End Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Group Travel Time:		
Date of Progress Note (PN) Documentation Completed:		PN Doc Start Time: <input type="checkbox"/> am <input type="checkbox"/> pm	PN Doc End Time: <input type="checkbox"/> am <input type="checkbox"/> pm		PN Doc Time:	
Language of Service (if other than English): <input type="checkbox"/> N/A	Translator Utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Service Type: <input type="checkbox"/> Group Counseling <input type="checkbox"/> Patient Education	EBP Utilized: <input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Relapse Prevention <input type="checkbox"/> Other <input type="checkbox"/> N/A		# of Group Participants:	Total Time:
Topic of Session or Purpose of Service:						
Description of group to include: 1) provider support and interventions 2) if service was provided in the community, identify location and how confidentiality was maintained.						
<hr/> <hr/> <hr/> <hr/>						
Description of client's response to include: 1) client's participation in the group 2) client's progress on treatment plan goals and 3) client's ongoing plan including any new issues.						
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>						
Counselor/LPHA Printed Name		Signature, Credentials		Date of Completion*		

*The date of service may be different than the date note is signed. Notes must be legibly printed, signed and dated by the counselor/LPHA within 7 days of the services provided.