

# OTHER PROGRESS NOTE

Client Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

<b>Date of this Activity or Contact:</b>	<b>Contact Type:</b>		<b>Language of Service (if other than English):</b> <input type="checkbox"/> N/A	<b>Translator Utilized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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**Contact Type:** F-F = Face-to-Face TEL = Telephone TH = Telehealth COM = In Community O = Other NC = No Contact

**Narrative:** Document any activity that is not a County, DMC, or Non-billable service in the narrative section below (examples include clerical-type activities that are not part of a service e.g. documenting a voicemail left for or received by the client, documenting mailing information to the client, etc.)

<b>Staff Printed Name, Title</b>	<b>Staff Signature</b>	<b>Date of Completion</b>
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