

## Progress Note

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

Client ID: \_\_\_\_\_ Week of: \_\_\_\_\_ through \_\_\_\_\_

Date	Time	Minutes	Prob. Area	Act. Code	Comment on client's progress related to treatment plan goal and include topic of session. Counselor providing service writes the note, prints name, signs and dates each note on the day it was written. Progress notes must be written within 7 calendar days from the date of service or the service will be disallowed.

**Activity Codes:**

- |   |                           |                             |                           |
|---|---------------------------|-----------------------------|---------------------------|
| 0 = No Show                                       | 6 = Group Counseling      | 14 = Follow-Up              | 22 = Volunteer Activity   |
| 1 = Cancel  | 7 = Family Counseling     | 15 = Phone Contact          | 23 = Other Progress Notes |
| 2 = Ind. Counseling-Intake                        | 8 = Voc./Rehab. or Ed.    | 16 = Discharge              | 24 = Crisis Intervention  |
| 3 = Ind. Counseling-Planning                      | 9 = Ancillary Service     | 17 = Urinalysis             | (2+ clients involved)     |
| 4 = Crisis Intervention-<br>Individual Counseling | 10 = Activity/Recreation  | 18 = Excused Absence        | 25 = IOT Weekly Summary   |
| 5 = Ind. Counseling<br>Non-Medi-Cal               | 11 = Referral             | 19 = Day Treatment.         | 26 = Res. Weekly Summary  |
|   | 12 = Case Conference      | 20 = File Review/MD         |                           |
|   | 13 = File Review/Director | 21 = Contact w/other agency |                           |