Progress Note

Client’s Name/ID#: ___________________________ Date: ___________________________

Suicidal Ideation: _____ No _____ Yes: describe: __________________________________________

Substance Use Issues: _____ No _____ Yes: describe: __________________________________________

Change in Mental Status Exam:

Appearance: Affect: Orientation: ___________________________
Memory: Concentration: Attention: ___________________________
Mood: Speech: Motor: ___________________________
Impulse Control: Judgment: Thought Process: ___________________________
Thought Content: ___________________________

Clinical Assessment (progress toward goals): ___________________________________________
___________________________________________
___________________________________________
___________________________________________

Interventions: ___________________________________________
___________________________________________
___________________________________________

Plan for crisis management: ___________________________________________
___________________________________________
___________________________________________

Education: ___________________________ Member stated understanding: Yes _____

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<th>Dosage</th>
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Preliminary Discharge Plan: ___________________________________________

Referral (as appropriate): ___________________________________________

Clinician Signature: ___________________________ Date: ___________________________

Diagnosis: ___________________________ Follow-up Appointment: ___________________________