

Pre-Admission Progress Note

Required for OMH Mental Health Clinics, OASAS Outpatient, OASAS Adolescent Outpatient, Methadone programs, Partial Hospitalization Programs, CDT, and PROS.

Data Field	Identifying Information Instruction
Organization Name	Enter your organization name.
Program Name	Enter your program name.
Individual's Name	Record the first name, middle initial, and last name of the Individual served. Order of name is at agency discretion.
Record #	Record your agency's established record number for the Individual served.
DOB	Record the individual's date of birth. Example : mm/dd/yyyy
Narrative	Please indicate type of services, activities, interventions, delivered during pre-admission meeting.
Data Field	Signature Instruction
Print Staff Name/ Credentials/Title	Print staff name, credentials (degree/license), and title.
Staff Signature	Legible signature
Date	Record the date of signature, including the month, day and year. Example : mm/dd/yyyy
Supervisor Name/Credentials/Title (if needed)	Print the supervisor's name, credential (degree/license) and title of supervisor, if needed.
Supervisor Signature	Legible signature
Date	Record the date of signature, including the month, day and year. Example : mm/dd/yyyy
Individual's signature (optional)	Legible signature. This is encouraged, especially if the note was written collaboratively.
Date	Record the date of signature, including the month, day and year. Example : mm/dd/yyyy