Progress Note Summary

Designed for use by CDT, PROS, Partial Hospitalization Programs, and Residential Programs. Documentation links to specific goals in the IAP.

*PROS Progress notes are required monthly, or more frequently when clinically appropriate; including but not limited to crisis or relapse situations, and significant changes to individual's status.

Data Field	Identifying Information Instruction
Note Type	Check the box that applies for the note type.
Date Range	Enter the first date of the timeframe and the last day of the timeframe the summary will cover. Example 9/01/2009 to 9/15/2009
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. Order of name is at agency discretion.
Record #	Record your agency's established record number for the Individual.
DOB	Record the Individual's date of birth. **Example : mm/dd/yyyy**
Data Field	**Goals, Interventions, Response to Services and Plan/Additional Information**
Were Goals/Objectives Addressed as Per Individualized Action Plan	Check yes or no
Goals/Objectives Addressed As Per Individualized Action Plan	Record the specific goals and objectives addressed during this timeframe by indicating the corresponding number(s) from the Individualized Action Plan. In an electronic record, the actual goals and objectives descriptions would appear in this field once the box is checked. However, when using this form as a paper form, list the number of the goals & objectives that are being addressed during this timeframe.
Summary of Services/Interventions Provided During This Period	Summarize the services and interventions provided during this period.
Response to Services/ Intervention(s) Provided	Describe the individual's response to the interventions and/or services provided during this period.

Plan/ Additional Information	If applicable the provider should document steps or actions planned with the Individual for the next time frame. This section should also include any significant events that occurred during this period. **Example: Jack agreed to practice using the skills he learned this shift with regards to using a medication calendar.** **Example: Jack agreed to write a list of qualities he is looking for in a sponsor for us to review tomorrow.** Document additional pertinent information that is not appropriate to document elsewhere. **Example: Jack received a call from his wife and they discussed whether she should bring their children to her next visit.**

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**
Print Supervisor Name/Credentials/Title (if applicable)	Print the supervisor's name, credential (degree/license), and title of supervisor, if applicable.
Supervisor Signature	Legible signature
Date	Record the date of signature, including the month, day, and year. **Example : mm/dd/yyyy**