

McLaren Print System Order

Order No: 8196 Reprint Previous Order No: 7625
 Order Date: 2015-01-14
 User: shirley liddell
 Phone: 810-342-5333

Ship Location: McLaren OakBridge Center PHP - Shirley Liddell
 4448 Oakbridge
 FLINT, MI 48532

Forms

Quantity: 500
 Paragon Dept No: 43560
 Dept Name: McLaren OakBridge Center PHP
 Company Number: 60

Order Total Price: 0.00

Item Number: 17645
 Item Description: Therapy Progress Note
 Revision Date: 5/2007
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

McLaren Print
 Flint, MI

THERAPY PROGRESS NOTE

TO BE COMPLETED BY CLIENT Your Name: _____ (Please Print Name)

1. Please describe what you learned or experienced in this session?

2. How will this help you in your recovery?

PLEASE DO NOT WRITE BELOW THIS LINE - FOR STAFF USE ONLY

DATE: _____	SESSION TYPE:	
TIME: _____ AM to _____ AM	<input type="checkbox"/> GROUP PSYCHOTHERAPY <input type="checkbox"/> INDIVIDUAL PSYCHOTHERAPY <input type="checkbox"/> ACT-BASED THERAPY <input type="checkbox"/> COGNITIVE-BEHAVIORAL THERAPY <input type="checkbox"/> SKILL-ORIENTED SOCIAL GROUP <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FAMILY THERAPY <input type="checkbox"/> INDIVIDUAL PSYCHOTHERAPY <input type="checkbox"/> COGNITIVE-BEHAVIORAL THERAPY <input type="checkbox"/> OTHER _____
IF GROUP ACTIVITY NUMBER OF CLIENTS IN SESSION: _____		
FOCUS OF SESSION: <input type="checkbox"/> family work <input type="checkbox"/> problem resolution <input type="checkbox"/> motivation <input type="checkbox"/> relationships <input type="checkbox"/> coping <input type="checkbox"/> review of status/assessment/feedback <input type="checkbox"/> symptom management <input type="checkbox"/> transitional interaction <input type="checkbox"/> education related to diagnosis/treatment or recovery <input type="checkbox"/> appropriate social skills <input type="checkbox"/> other (describe) _____		
STAFF PERSON'S BEHAVIORAL OBSERVATIONS / CLINICAL IMPRESSIONS: _____ _____ _____		
SPECIFIC INTERVENTIONS (CHECK ALL THAT APPLY): <input type="checkbox"/> psycho-education <input type="checkbox"/> engaged client <input type="checkbox"/> emotional linkage <input type="checkbox"/> personal attention <input type="checkbox"/> personal support <input type="checkbox"/> personal case administration <input type="checkbox"/> personal rationale <input type="checkbox"/> emotional linkage <input type="checkbox"/> emotional state <input type="checkbox"/> emotional TP progress <input type="checkbox"/> individualized treatment plan <input type="checkbox"/> cultural data <input type="checkbox"/> self-leads <input type="checkbox"/> emotional guidance <input type="checkbox"/> clinical guidelines <input type="checkbox"/> clinical communication <input type="checkbox"/> emotional linkage <input type="checkbox"/> emotional appropriate behavior <input type="checkbox"/> case suggestions, advice, instructions, education <input type="checkbox"/> emotional/behavioral context <input type="checkbox"/> emotional/behavioral compliance <input type="checkbox"/> case engagement (describe) _____ <input type="checkbox"/> needs related (describe) _____		
RESPONSE OF CLIENT (TO INTERVENTIONS/SESSION): _____ positive/appropriate _____ negative/unproductive _____ individual/overall comments _____		
PROGRESS TOWARD GOALS/OBJECTIVES: _____ demonstrating significant progress _____ demonstrating some progress not demonstrating progress _____ improving or meeting change THIS IS EVIDENCED BY: _____		

Staff Signature/Credentials: _____
 Print Staff Name/Credentials (if signature not legible): _____

THERAPY PROGRESS
 NOTE



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 26
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