

## McLaren Print System Order

Order No: 8825 Reprint Previous Order No: 7625  
 Order Date: 2015-02-06  
 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: None  
 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

<b>DATE:</b> _____	<b>SESSION TYPE:</b>	
<b>TIME:</b> <u>AM</u> to <u>AM</u>	<input type="checkbox"/> GROUP PSYCHOTHERAPY	<input type="checkbox"/> FAMILY THERAPY
<u>PM</u> to <u>PM</u>	<input type="checkbox"/> PSYCHOEDUCATION, SESSNS	<input type="checkbox"/> INDIVIDUAL PSYCHOTHERAPY
	<input type="checkbox"/> ACT THERAPY	<input type="checkbox"/> ENVIRONMENTAL THERAPY
	<input type="checkbox"/> SKILL ORIENTED SOCIAL GROUP	<input type="checkbox"/> OTHER
	IF GROUP ACTIVITY NUMBER OF CLIENTS IN SESSION: _____	
<b>FOCUS OF SESSION:</b>		
<input type="checkbox"/> family work	<input type="checkbox"/> engagement/relating	<input type="checkbox"/> stress/relaxation
<input type="checkbox"/> review of status/assessment/feedback	<input type="checkbox"/> problem resolution	<input type="checkbox"/> relationships
<input type="checkbox"/> education related to illness/disorders or recovery	<input type="checkbox"/> medication management	<input type="checkbox"/> transitional intervention
	<input type="checkbox"/> appropriate social skills	<input type="checkbox"/> other (describe): _____
<b>STAFF PERSON'S BEHAVIORAL OBSERVATIONS / CLINICAL IMPRESSIONS:</b>		
_____ _____ _____		
<b>SPECIFIC INTERVENTIONS (CHECK ALL THAT APPLY):</b>		
<input type="checkbox"/> psycho-education	<input type="checkbox"/> engaged client	<input type="checkbox"/> emotional feelings
<input type="checkbox"/> personal support	<input type="checkbox"/> personal case information	<input type="checkbox"/> personal attitudes
<input type="checkbox"/> personal reality testing	<input type="checkbox"/> personal feedback	<input type="checkbox"/> emotional feelings
<input type="checkbox"/> emotional TP progress	<input type="checkbox"/> individualized treatment plan	<input type="checkbox"/> cultural data
<input type="checkbox"/> emotional goals/objectives	<input type="checkbox"/> illness condition	<input type="checkbox"/> clinical communication
<input type="checkbox"/> challenge of material or require thinking, beliefs	<input type="checkbox"/> medication/behavior	<input type="checkbox"/> confidence/behavior
<input type="checkbox"/> establish appropriate behavior	<input type="checkbox"/> give suggestions, advice, instructions, education	<input type="checkbox"/> medication/medication compliance
<input type="checkbox"/> establish behavioral contract	<input type="checkbox"/> medication/medication compliance	<input type="checkbox"/> give assignment (describe): _____
<input type="checkbox"/> make referral (describe): _____		
<b>RESPONSE OF CLIENT (TO INTERVENTIONS/SESSION):</b> _____ positive/appropriate _____ negative/inappropriate		
_____ medication compliance _____		
<b>PROGRESS TOWARD GOALS/OBJECTIVES:</b> _____ demonstrating significant progress _____ demonstrating some progress		
_____ not demonstrating progress _____ improving or meeting change <b>THIS IS EVIDENCED BY:</b> _____		

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

THErapy PROGRESS  
 NOTE



25  
 26  
 27