

Individual Progress Note - CIGMMO

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| **INDIVIDUAL PROGRESS NOTE** | | | | |
| **NAME** | **CASE #** | **DOB** | | **GENDER** |
| **ADDRESS** | | | | |
| **SERVICE** | **DATE** | **BEGIN TIME** | **END TIME** | |

**STAFF**

|  |  |  |  |
| --- | --- | --- | --- |
| **CONSUMER ATTENDANCE**   * Client Cancellation * Family Present w/o Beneficiary * Staff Cancellation | * Client Present * No-Show * Staff Only | **CONTACT TYPE**   * Face-to-Face * Consultation/Support | * Not Face-to-Face * Telephone |

**PLACE OF CONTACT**

* Community ○ Court ○ Diversion ○ ER
* General AFC (No Contract) ○ Home ○ Hospital Inpatient ○ Jail
* Nursing Home ○ Office ○ School ○ Spec Res AFC Home
* Telehealth ○ Walk In Clinic
* Other:

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTACT** |  |  |  |
| Consumer | Family | Parent/Guardian | Significant Other |
| Peer Support Specialist | Primary Care Physician | Pharmacy | Collateral |
| Service Provider | Other : |  |  |

Discussion

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Progress Toward Goal(s) and/or Objective(s)

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Consumer Satisfaction

**SATISFACTION WITH SERVICES RENDERED**

Satisfaction with services, supports and/or treatment not discussed

Satisfaction with services, supports and/or treatment discussed; consumer or representative satisfied Satisfaction with services, supports and/or treatment discussed; consumer or representative not satisfied

**EXPLANATION – USE DIRECT QUOTES FROM CONSUMER, WHEN POSSIBLE:**

|  |  |
| --- | --- |
| **Physical Health of Consumer** | |
| **DISCUSSED IN THIS CONTACT?** Yes No  **COMMENTS**: | |
|  | **ATO** |
| **ATO COMPLIANCE DURING THIS CONTACT OR ATTEMPTED CONTACT**   * Compliant with the ATO * Non-compliance: | |
| Refused medications or injection | |
| Not at designated site to receive medication | |
| Refused to come to, or not at designated site for ride to: | |
| Injection and/or MD appointment | |
| ATO Review appointment | |
| Court Pick Up Order | |
| Not complying with other aspects of treatment plan (therapy groups, etc.) | |
| * This contact did not involve issues relevant to the ATO | |
| Consumer made statements showing lack of insight or intent or desire to not comply with ATO (you must document the statements in the narrative) | |
| Consumer given notice of required appointment: | |
| ATO Review | |
| Appointment with treating psychiatrist | |
| Appointment to come for injection | |
| **TEAM MEETING DATE** | **TEAM MEETING DECISIONS** |
| **RECENT NON-COMPLIANCE WITH THE ATO** | |

Goals/Objectives

**SIGNATURES**

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| --- | --- | --- | --- | --- |
| CLINICIAN SIGNATURE/CREDENTIALS |  | PRINTED NAME |  | DATE |

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| --- | --- | --- | --- | --- |
| CO-SIGNATURE 1 SIGNATURE/CREDENTIALS |  | PRINTED NAME |  | DATE |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CO-SIGNATURE 2 SIGNATURE/CREDENTIALS |  | PRINTED NAME |  | DATE |