

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:**

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| **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 |

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

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