

Consumer Name	Case #	SSN	DOB	Gender	Status
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1. Progress Note: Narrative

Progress Note Staff [lookup](#) [Clear](#)

Service Date & Time		Location	
Date	Begin Time	Hospital	Community
Use Current Date	End Time	Office	Jail
		School	Nursing Home
		Home	Other (Explain)
		CLF Home	


Contact		Contact Type
Client	Parent/Guardian	Not Face to Face
Significant Other	Collateral	Face to Face
Service Provider	Primary Care Physician	
Family	Other (Explain)	
Home Based		
Pharmacy		

Client Attendance		
Client Present	No-Show	Other
Client Cancellation	Staff Cancellation	Staff Only

Check all the PCP outcomes that are applicable to this progress note

Check to Include Outcome	Outcome Established	Outcome Type	Outcome	Check if outcome has been completed

Narrative

characters left: 

[✓ Spell Check](#)