OTHER PROGRESS NOTE

Client Name: _____ **Client ID:** _____

Date of this Activity or Contact:	**Contact Type:**		**Language of Service (if other than English):** ☐N/A	**Translator Utilized?** ☐Yes ☐No ☐N/A

Contact Type: **F-F** = Face-to-Face **TEL** = Telephone **TH** = Telehealth **COM** = In Community **O** = Other

Narrative: Document any activity that **is <u>not</u> a County, DMC, or Non-billable service** in the narrative section below (examples include clerical-type activities that are not part of a service e.g. documenting a voicemail left for or received by the client, documenting mailing information to the client, etc.)

Staff Printed Name, Title	**Staff Signature**	**Date of Completion**