Optum

Progress Note

Client Name:	Date of Service:
Length of Session:	Location of Service:
CPT Code:	Diagnosis/ICD Code:

Present as Session

☐ Client Present
☐ Client No showed/cancelled
☐ Others Present, List name(s) and relationship to client:

Significant Changes in Client's Condition

☐ No significant change from last visit
☐ Mood/Affect
☐ Thought Process/Orientation
☐ Behavior/Functioning
☐ Substance Use
☐ Physical Health Issues
☐ Other, Explain:

Danger to:

☐ Self ☐ Others ☐ Property ☐ None ☐ Ideation ☐ Plan ☐ Intent ☐ Means ☐ Attempt

Specific Regarding Risk Assessment

(Include safety planning, reports made, etc.)

Focus of Session

(Client's complaints, symptoms, new precipitators, etc.)

Therapeutic Intervention(s) and Response to Interventions

(How did the service address the beneficiary's behavioral health needs; how did client respond to intervention)

Funding for services is provided by the County of San Diego Health & Human Services Agency

Progress Toward Treatment	
Problem List: ☐ Reviewed/updated ☐ No changes	
Recommendations and/or Referrals	
Follow-up Appointment:	
Clinician Signature:	
Clinician Printed Name:	Date:

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