# DAY TREATMENT WEEKLY PROGRESS NOTE

Location of Services: All services were offered on site, unless otherwise noted.

50% of scheduled program hours without avoidable absences are required for claiming.

| **Name:** | **Client #:** | **Program:** |
|---|---|---|

| **Service Code 95 :** DRF DIF DRH DHF | **Unit:**<br>**SubUnit:** | **DIAGNOSIS:** List code that was the Diagnosis at Service (DAS) **ICD-10**<br>**CODE DESCRIPTION** |
|---|---|---|

| **Service Components** | **Monday** | | **Tuesday** | | **Wednesday** | | **Thursday** | | **Friday** | | **Saturday** | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Individual Therapy** | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | |
| **Family Therapy** | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | |
| **Group Therapy** | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | |
| **Therapeutic Milieu** | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | |
| **Community Meeting** | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | |
| **Attendance Time** | Hrs: | Min: | Hrs: | Min: | Hrs: | Min: | Hrs: | Min: | Hrs: | Min: | Hrs: | Min: |
| **Unavoidable Absences** | Reason: | | Reason: | | Reason: | | Reason: | | Reason: | | Reason: | |
| **Absence Time** | Out: | In: | Out: | In: | Out: | In: | Out: | In: | Out: | In: | Out: | In: |

**OVERALL PROGRESS TOWARDS GOALS AND OBJECTIVES**

**Significant Weekly Information** (Include documentation of all groups attended and clearly specify if Adjunctive, Skill Building or Process. Document the client's impairment, response and progress while in these groups):

**Monday:**

| **Signature/Credential** | **Printed Name/Credential/Server ID#** |
|---|---|
| **Co-Signature/Credential** | **Printed Name/Credential/Server ID#** |

# DAY TREATMENT WEEKLY PROGRESS NOTE

| Tuesday: | |
|---|---|
| | |
| **Signature/Credential** | **Printed Name/Credential/Server ID#** |
| **Co-Signature/Credential** | **Printed Name/Credential/Server ID#** |
| **Wednesday:** | |
| | |
| **Signature/Credential** | **Printed Name/Credential/Server ID#** |
| **Co-Signature/Credential** | **Printed Name/Credential/Server ID#** |



**Client:**

**Case #:**

**Program:**

# DAY TREATMENT WEEKLY PROGRESS NOTE

| **Thursday:** | |
|---|---|
| | |
| **Signature/Credential** | **Printed Name/Credential/Server ID#** |
| **Co-Signature/Credential** | **Printed Name/Credential/Server ID#** |
| **Friday:** | |
| | |
| **Signature/Credential** | **Printed Name/Credential/Server ID#** |
| **Co-Signature/Credential** | **Printed Name/Credential/Server ID#** |

# DAY TREATMENT WEEKLY PROGRESS NOTE

**Saturday:**

| **Signature/Credential** | **Printed Name/Credential/Server ID#** |
|---|---|
| **Co-Signature/Credential** | **Printed Name/Credential/Server ID#** |

**Goal #1:**

**Interventions and Progress Towards Client Plan Goal:**

**Goal #2:**

**Interventions and Progress Towards Client Plan Goal:**

# DAY TREATMENT WEEKLY PROGRESS NOTE

**Goal #3:**

**Interventions and Progress Towards Client Plan Goal:**

**Family Therapy:**

**Summary of Other Interventions:**

**Summary of Treatment Team Review (Medication Changes, Progress/Strengths, Concerns, etc.):**

**Has a pattern of absences emerged? Yes No If yes, what actions have been taken to mitigate?**

| | |
|---|---|
| | |
| **Signature/Credential** | **Printed Name/Credential/Server ID#** |
| **Co-Signature/Credential** | **Printed Name/Credential/Server ID#** |