Peer Support Services Progress Note

Community Counseling Services

Rev 01/17

Case Name _____

Case Id# _____

Date: _____

Service Code: _____

Location of Visit ☐ Home ☐ CMHC ☐ School ☐ Other _____ **Start Time: _____ End Time: _____ Minutes _____**

Focus Items: ☐ Individual Wellness ☐ Individual Recovery ☐ Self-Esteem ☐ Education ☐ Employment ☐ Crisis Support ☐ Housing

☐ Social Networking ☐ Development of natural supports ☐ Community Living Skills ☐ Community Integration

☐ Coping with managing psychiatric symptoms/challenges ☐ Crisis Intervention

Summary of Contact:

☐ **N/A-Referral** **Referred to Supervisor regarding individual's (*check all that apply*)** ☐ **Emotional** ☐ **Physical** ☐ **Other** _____

Referral/Comments:

Date Referred: _____

_____ _____

Individual's Signature/Collateral *(please explain if unable to get signature)* Date

(If applicable)

_____ _____

Peer Support Specialist Signature and Credentials Date

_____ _____

Peer Support **Supervisor's** Signature and Credentials Date