

Supported Employment Progress Note

Community Counseling Services

Rev 01/17

Case Name _____

Case Id# _____

Date: _____

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

Treatment Intervention/Modality: Intake* Follow-up* Crisis Intervention* Linkage* (*signature required) N/A

First hand observation As reported by: _____

Suicidal/Homicidal Ideation No Yes Ideation Plan Intent If "YES, report action taken in summary.

Appearance:

Dress: Neat Appropriate Disheveled Unclean Unusual Bizarre

Motor Activity: Underactive Overactive Average Fidgety Restless Tics

Eye Contact: Good Fair Poor _____

Posture: Catatonic Slumped Rigid Bizarre Unremarkable _____

Behavior General: Cooperative Uncooperative Nonverbal Hostile Submissive

Aggressive Guarded Shy Verbal Violent

Compulsive Ritualistic Disorganized _____

Affect: Appropriate Inappropriate Flat Depressed Anxious

Angry Pleasant Fearful Suspicious Irritable

Expansive Elevated Euphoric _____

Cognition:

Orientation: Oriented x4 to time, place, person, situation Disoriented as to time, place, person, situation Confused

Thinking: Organized Disorganized Concrete Autistic Blocked

Circumstantial Flight of Ideas _____

Attention/ Concentration: Average Poor Distracted _____

Hallucinations: Visual Auditory Olfactory Tactile Taste None reported

Paranoia: Paranoid Delusions None Reported

Sleep pattern: _____

Eating pattern: _____

Medication Compliance

Reported by Individual: Agency prescribed medications Compliant Non-Compliant No Medications Prescribed N/A

Reported by Individual: Other prescribed medications Compliant Non-Compliant No Medications Prescribed N/A

Problems/Side Effects Reported: _____

Any Changes in Medications? No Yes If Yes, List the changes: _____

(Update Medication/Drug Use Profile Form)

Individual's Employment Goals Discussed:

Summary of Session:

Assessment of Progress towards Goals:

Follow-Up Plan:

Homework Assigned :

Next Appointment ____/____/____

Service Provider's Signature and Credentials

Date

Supervisor's Signature and Credentials *(if applicable)*

Date