

Psychosocial Rehabilitation Progress Note

Daily/Weekly Progress Note
Community Counseling Services

Rev 01/17

Case Name: _____

Case Id#: _____

Service Code _____	Day of Month _____				
	Time In				
Start Date: ____/____/____	Time Out				
From Date: ____/____/____	Total				

Weekly Observations

- Agitated/Pacing
 - Attention Seeking
 - Crying/Depressed
 - Fighting/Pushing/Shoving
 - Interrupts
 - Harms Self
 - Lying/Stealing
 - Medication Non-compliance
 - Needed Redirection
 - Needs Shelter/Transportation
 - Paranoia
 - Poor Hygiene
 - Poor Impulse Control
 - Property Destruction
 - Psychotic Symptoms
 - Refuses Request
 - Refuses to Participate
 - Stressors at Home
 - Suspected Substance Use
 - Talking to Self
 - Talks Back/Verbally Aggressive
 - Cursing
 - Other: _____
- Isolating
 - Health Problems
 - On Task
 - Medication compliance
 - Engages in Activities
 - Follow Directions
 - Respects Others

Summary of Objective/Activity:

Result of Objective/Activity:

Next Step:

Staff Comments:

Staff Signature/Credentials: _____ **Supervisor's Signature(if applicable):** _____