MH 515
Revised 02/06/08

PROGRESS NOTE

Date: _____ **Telephone Contact:** ☐ Y ☐ N **Rendering Provider Face-to-Face/Other Time* (Hrs:Mins):** _____

Procedure Code: _____ **Other Staff Initials:** _____ **Total Time* (Hrs/Mins):** _____

*** All travel and documentation time must be recorded as "Other" or "Total Time"** **Other Staff Initials:** _____ **Total Time* (Hrs/Mins):** _____

MHS Activity Type: ☐ Assessment ☐ Ind Tx ☐ Ind Reh ☐ CoI ☐ PsyT ☐ Team Conf/CaseCon **Other Activity Type:** ☐ Cris Int
☐ GrpTx ☐ GrpReh **# of Clients Represented:** _____ ☐ TCM

☐ Continued (Sign & complete claim information on last page of note.)

_____ _____ _____ _____
Signature & Discipline Date Co-signature & Discipline Date

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Name: **IS#:**

Agency: **Provider #:**

Los Angeles County – Department of Mental Health

PROGRESS NOTE