

PROGRESS NOTE

Date: _____	Telephone Contact: <input type="checkbox"/> Y <input type="checkbox"/> 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: <input type="checkbox"/> Assessment <input type="checkbox"/> Ind Tx <input type="checkbox"/> Ind Reh <input type="checkbox"/> Col <input type="checkbox"/> PsyT <input type="checkbox"/> Team Conf/CaseCon		Other Activity Type: <input type="checkbox"/> Cris Int	
<input type="checkbox"/> GrpTx <input type="checkbox"/> GrpReh # of Clients Represented: _____		<input type="checkbox"/> TCM	

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

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

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.

Name: _____ Agency: _____	IS#: _____ Provider #: _____
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Los Angeles County – Department of Mental Health

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