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