RESIDENTIAL OR WITHDRAWAL MANAGEMENT - DAILY PROGRESS NOTE

Client Name:_____**Client ID:** _____ **Date:** _____**Shift Time:** _____

Contact Type		Service Type			EBP Utilized
F-F = Face-to-Face	**TEL** = Telephone	**AS** = Assessment	**DC**=Discharge	**FT** = Family Therapy	**MI** = Motivational Interviewing
TH = Telehealth	**COM** = In Community	**GR** = Group	**IND** = Ind. Counseling	**TR** = Transportation to & from medically necessary treatment	**RP** = Relapse Prevention
NC = No Contact		**CR** = Crisis	**TP** = Tx Planning		**O** = Other
		CO = Collateral	**PE** = Patient Education	**O** = Other	**N/A** = Not Applicable

Topic						**Language of Service (if other than English):** ☐N/A		**Translator Utilized?** ☐Yes ☐No ☐N/A	
Start Time	☐am ☐pm	**End Time**	☐am ☐pm	**Total Duration**		**Contact Type**		**Service Type**	**EBP Utilized**

Topic						**Language of Service (if other than English):** ☐N/A		**Translator Utilized?** ☐Yes ☐No ☐N/A	
Start Time	☐am ☐pm	**End Time**	☐am ☐pm	**Total Duration**		**Contact Type**		**Service Type**	**EBP Utilized**

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Narrative must include: 1) Provider support and interventions, 2) Client's progress on treatment plan: problems, goals, & action steps, 3) Client's ongoing plan including any new issues, and 4) If service(s) provided in the community, identify location(s) and how confidentiality was maintained.

Counselor/LPHA Printed Name, Title	**Signature, Credentials**	**Date of Completion**