



Injectable Medication Services Progress Note

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| Client Name: | |
| Date of Service: | Length of Session: |
| CPT Code: <input type="checkbox"/> 96372 | Vital Signs: BP: HR: Temperature: |
| Present at Session | |
| <input type="checkbox"/> Client Present <input type="checkbox"/> Client No showed/Cancelled <input type="checkbox"/> Others Present, List name(s) and relationship to client: | |
| Diagnosis: | |
| | |
| Current Treatment: (Dose, medication, location, additional information): | |
| | |
| Client Response to Intervention: | |
| | |
| Plan: | |
| <input type="checkbox"/> Monitoring: <input type="checkbox"/> Follow-Up date: <input type="checkbox"/> Supportive Therapy: | |
| Patient Education: | |
| <input type="checkbox"/> Discussed the importance of adhering to the treatment schedule. <input type="checkbox"/> Reviewed potential side effects and advised to report any new or worsening symptoms immediately. <input type="checkbox"/> Provided reassurance and support, emphasizing the gradual nature of symptom improvement. | |
| Provider Information: | |
| Provider Signature & Credentials (if signature illegible, include printed name): | Date of Signature: |
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