

RESIDENTIAL WEEKLY PROGRESS NOTE – NARRATIVE

Client Name	Client ID
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Narrative for week of: _____ to _____

Total Service Hours:	Total Clinical Hours:
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NOTE: This Narrative Form must be accompanied with a “RESIDENTIAL WEEKLY PROGRESS NOTE – SERVICES” to be considered valid. In addition, total number of service and clinical hours must match the hours documented on accompanying Services Progress Note.

Narrative Must Include: 1) provider support and interventions, 2) client’s progress on treatment plan problems, goals, & action steps, and 3) client’s ongoing plan including any new issues 4) if service(s) provided in the community, identify location(s) and how confidentiality was maintained.

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