OUTPATIENT GROUP PROGRESS NOTE

Client Name:_____ **Client ID:**_____

Service Date*:		**Start Time of Service:** ☐am ☐pm	**End Time of Service:** ☐am ☐pm	**Group Service Time:**
Travel to Location Start Time: ☐am ☐pm	**Travel to Location End Time:** ☐am ☐pm	**Travel from Location Start Time:** ☐am ☐pm	**Travel from Location End Time:** ☐am ☐pm	**Group Travel Time:**
Is service billable? ☐Yes ☐No	**If yes, is service DMC-billable?** ☐Yes ☐No	**Individual Doc Start Time:** ☐am ☐pm	**Individual Doc End Time:** ☐am ☐pm	**Individual Doc Time:**
Language of Service (if other than English): ☐N/A	**Translator Utilized?** ☐Yes ☐No ☐N/A	**Service Type:** ☐ Group Counseling ☐ Patient Education	**EBP Utilized:** ☐ Motivational Interviewing ☐ Relapse Prevention ☐ Other ☐ N/A	**# of Group Participants:**
Topic of Session or Purpose of Service:				

Description of group to include: 1) provider support and interventions 2) if service was provided in the community, identify location and how confidentiality was maintained.

Description of client's response to include: 1) client's participation in the group 2) client's progress on treatment plan goals and 3) client's ongoing plan including any new issues.

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

*The date of service may be different than the date note is signed. Notes must be legibly printed, signed and dated by the counselor/LPHA within 7 days of the services provided.