

## OUTPATIENT GROUP PROGRESS NOTE

Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_

<b>Service Date*:</b>	<b>Is service billable?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, is service DMC-billable?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Start Time of Service:</b> <input type="checkbox"/> am <input type="checkbox"/> pm	<b>End Time of Service:</b> <input type="checkbox"/> am <input type="checkbox"/> pm	<b>Group Service Time:</b>	
<b>Travel to Location Start Time:</b> <input type="checkbox"/> am <input type="checkbox"/> pm	<b>Travel to Location End Time:</b> <input type="checkbox"/> am <input type="checkbox"/> pm	<b>Travel from Location Start Time:</b> <input type="checkbox"/> am <input type="checkbox"/> pm	<b>Travel from Location End Time:</b> <input type="checkbox"/> am <input type="checkbox"/> pm	<b>Group Travel Time:</b>		
<b>Date of Progress Note (PN) Documentation Completed:</b>		<b>PN Doc Start Time:</b> <input type="checkbox"/> am <input type="checkbox"/> pm	<b>PN Doc End Time:</b> <input type="checkbox"/> am <input type="checkbox"/> pm		<b>PN Doc Time:</b>	
<b>Language of Service (if other than English):</b> <input type="checkbox"/> N/A	<b>Translator Utilized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Service Type:</b> <input type="checkbox"/> Group Counseling <input type="checkbox"/> Patient Education	<b>EBP Utilized:</b> <input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Relapse Prevention <input type="checkbox"/> Other <input type="checkbox"/> N/A		<b># of Group Participants:</b>	<b>Total Time:</b>
<b>Topic of Session or Purpose of Service:</b>						
<b>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.</b>						
<b>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.</b>						
<b>Counselor/LPHA Printed Name</b>		<b>Signature, Credentials</b>		<b>Date of Completion*</b>		

\*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.