

PART 857 PROBLEM GAMBLING OUTPATIENT SERVICES
Progress Notes

Patient Name:	Patient ID #:
---------------	---------------

Date of Session:	Duration of Session:	Type of Session:	Goals Addressed:
------------------	----------------------	------------------	------------------

857.11 (s)...

Progress notes shall:

1. be written, signed and dated by the clinical staff providing the service;
2. provide a chronology of the patient's progress related to the goals established in the treatment plan;
3. be sufficient to delineate the course and results of treatment;
4. indicate the patient's participation in all significant services that are provided;
5. address patient's current mental health status/risk assessment under separate heading.

Counselor Signature:	Date:
----------------------	-------

*Note: This form may be used by service providers that document progress after each session.