

PROGRESS NOTE & GENERAL AUDIT FORM

Evaluator: _____

Clinician: _____

Date: _____

	Record _____		Record _____	
	Yes	No	Yes	No
Data Included in Progress Note				
Client Name				
Name of all individuals present				
Date of service				
Location of service				
Service provided				
Diagnosis				
Mental Status (MH only)				
ASAM Dimension(s) (SUD only)				
Goal or Objective being addressed from treatment plan				
Intervention(s) used				
Client response to intervention				
Plan (next steps in treatment)				
Progress note is signed with staff name & credentials				
Progress note indicates regular communication with collaterals				
Follow up documented with transfer of care within 5 days & every 10 days thereafter until client engaged in services (SUD only)				
Staffing documented every 30 days (SUD only)				
Note: Progress notes should not include a lengthy/verbatim of dialogue between staff & client , excessive details of session, personal information about client or others that is not related to one of the above categories. Staff also should not write the same note repeatedly.				
Informed Consent to Treatment signed at intake & annually				
Client Rights and Grievance form				
HIPAA Acknowledgement Form				
Releases of Information are fully completed & have not expired				
Medication Consent forms signed if clinic psychiatrist if prescribing				
Services Policy Acknowledgement (SUD only)				
Comments: 				