RESIDENTIAL OR WITHDRAWAL MANAGEMENT - DAILY PROGRESS NOTE

Client Name:__________________________**Client ID:** ________________________ **Date:** _____________**Shift Time:** __________

Contact Type		Service Type			EBP Utilized
F-F = Face-to-Face **TH** = Telehealth **NC** = No Contact	**TEL** = Telephone **COM** = In Community	**AS** = Assessment **GR** = Group **CR** = Crisis **CO** = Collateral	**DC**=Discharge **IND** = Ind. Counseling **TP** = Tx Planning **PE** = Patient Education	**FT** = Family Therapy **TR** = Transportation to & from medically necessary treatment **O** = Other	**MI** = Motivational Interviewing **RP** = Relapse Prevention **O** = Other **N/A** = Not Applicable

Topic						**Language of Service (if other than English):** ☐N/A				**Translator Utilized?** ☐Yes ☐No ☐N/A	
Start Time	☐am ☐pm	**End Time**	☐am ☐pm	**Total Duration**		**Contact Type**		**Service Type**		**EBP Utilized**	

Topic						**Language of Service (if other than English):** ☐N/A				**Translator Utilized?** ☐Yes ☐No ☐N/A	
Start Time	☐am ☐pm	**End Time**	☐am ☐pm	**Total Duration**		**Contact Type**		**Service Type**		**EBP Utilized**	

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Start Time	☐am ☐pm	**End Time**	☐am ☐pm	**Total Duration**		**Contact Type**		**Service Type**		**EBP Utilized**	

Narrative must include: 1) Provider support and interventions, 2) Client's progress on treatment plan: problems, goals, & action steps, 3) Client's ongoing plan including any new issues, and 4) If service(s) provided in the community, identify location(s) and how confidentiality was maintained.

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