## **OTHER PROGRESS NOTE**

Client Name:			Client ID:			
Date of this Activity or Contact:		Contact Type:		Language of Service (if other than English): □N/A	<b>Translator Utilized?</b> □Yes □No □N/A	
Contact Type: F-F	= Face-to-Face	<b>TEL</b> = Telephor	ne <b>TH</b> = Telehealth	<b>COM</b> = In Community <b>O</b> =	Other <b>NC</b> = No Contact	
		at are not part o	of a service e.g. doc	billable service in the narrat umenting a voicemail left fo n to the client, etc.)	ive section below (examples or or received by the client,	
Staff Printed Name,	Title		Staff Signature		Date of Completion	