

SECOND SERVICE ON SAME DAY PROGRESS NOTE

Client Name: _____ **Client I.D. #:** _____

Service Date	Visit #	Duration	Time		# of Clients in Session
			In	Out	

REMINDER: Progress notes for both services must document the time both services were provided.

Mode of Service (check one):

- | | |
|--|--|
| <input type="checkbox"/> CRISIS INTERVENTION
Relapse Issue:

_____ | <input type="checkbox"/> GROUP SESSION |
| <input type="checkbox"/> COLLATERAL TREATMENT PLANNING-
Significant Relationship to Client:
_____ | <input type="checkbox"/> OTHER INDIVIDUAL SESSION (CIRCLE ONE)

<input type="checkbox"/> Intake/Assessment <input type="checkbox"/> Treatment planning
<input type="checkbox"/> Discharge Planning |

An effort was made to provide all necessary services during one visit. The return visit was unavoidable and not a hardship to the client. The return visit was required because:

- Client presented in a state of crisis (actual relapse or an unforeseen event which presented an imminent threat of relapse) and immediate intervention to provide stabilization was indicated and provided.
- Client's significant other needed to be included in treatment planning process. This appointment time was mutually available for the counselor, client, and significant other(s).
- Client seen earlier in the day for treatment planning (or crisis) session and client was previously scheduled for this group session and is attending as scheduled.
- Client attended regularly scheduled group session, and the development of a new treatment plan is indicated. Lengthy and specific treatment planning for one individual client is not appropriate in a group setting, necessitating an additional individual treatment planning visit.
- Client attended regularly scheduled group session, and information was shared indicating the need for additional intake/assessment data collection. Discussion of this information with the client is not appropriate in a group setting, necessitating an additional individual visit.
- Client attended regularly scheduled group session (s), and is ready for discharge planning. Lengthy and specific discharge planning with an individual client is not appropriate in a group setting, necessitating an additional individual discharge planning visit.
- Other: _____

PROGRESS NOTE: (Fully describe client's progress on the treatment plan problems, goals, action steps, objectives, and/or referrals- attach another piece of paper):

CLIENT'S SIGNATURE (not required by the DMC regulations):	DATE:
COUNSELOR:	DATE:

REMINDER: THE ADP FORM 7700 NECESSARY FOR REIMBURSEMENT MUST BE PLACED IN THE CLIENT FILE.

Disclaimer: The use of this form is not required by the State of California, Department of Alcohol and Drug Programs. This is a tool for Drug Medi-Cal providers, which meets the specific requirements to be documented under Title 22, California Code of Regulations, Section 51341.1(h)(1)(A)(iii). Clinical and/or program information may be added to this form; however, we caution you to consider whether those additions would conflict with the basic requirements contained within this form.