Community Mental Health for Central Michigan

Skill Building Progress Notes

Consumer Name: ____________________________  Consumer ID: ______________

Skill Building Goal/Objective in PCP:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date: ____________________________  Start Time: ______________  Stop Time: ______________

Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Staff Signature/Credentials  Date

Date: ____________________________  Start Time: ______________  Stop Time: ______________

Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Staff Signature/Credentials  Date

Date: ____________________________  Start Time: ______________  Stop Time: ______________

Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Staff Signature/Credentials  Date

CMHCM-1214 (10/13/16)