Community Mental Health for Central Michigan Therapeutic Behavioral Service Progress Notes

Consumer Name: Consumer ID: Therapeutic Behavioral Service Goal/Objective in PCP: Consumer ID:			
Date:	Start Time:	Stop Time:	
Please provide a narrative on what occurre reconstruct your shift). If additional space complete separate notes for each consume	e is needed, please use the back side of the	nis progress note. If two con ust sign.	nsumers,
☐ 1 Behavioral Technician:1 Consumer	2 Behavioral Technicians:1 Consum	er 🗌 1 Behavioral Techn	ician:2 Consumers
Staff Printed Name	Staff Signature/Cro	edentials	Date
Staff Printed Name	Staff Signature/Cro	edentials	Date
Date:	Start Time:	Stop Time:	
Please provide a narrative on what occurre		• •	d be able to
reconstruct your shift). If additional space complete separate notes for each consume	· •	1 0	nsumers,
	· •	ust sign.	
complete separate notes for each consume	r. If two behavioral technicians, both m	ust sign.	