Community Mental Health for Central Michigan

Therapeutic Behavioral Service Progress Notes

Consumer Name: _______________________________  Consumer ID: __________________

Therapeutic Behavioral Service 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. If two consumers, complete separate notes for each consumer. If two behavioral technicians, both must sign.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

☐ 1 Behavioral Technician: 1 Consumer  ☐ 2 Behavioral Technicians: 1 Consumer  ☐ 1 Behavioral Technician: 2 Consumers

___________________________________________________________________________

Staff Printed Name  __________________________  Staff Signature/Credentials  __________________________  Date

___________________________________________________________________________

Staff Printed Name  __________________________  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. If two consumers, complete separate notes for each consumer. If two behavioral technicians, both must sign.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

☐ 1 Behavioral Technician: 1 Consumer  ☐ 2 Behavioral Technicians: 1 Consumer  ☐ 1 Behavioral Technician: 2 Consumers

___________________________________________________________________________

Staff Printed Name  __________________________  Staff Signature/Credentials  __________________________  Date

___________________________________________________________________________

Staff Printed Name  __________________________  Staff Signature/Credentials  __________________________  Date

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