



Community Mental Health for Central Michigan

Individual Progress Note - CIGMMO

INDIVIDUAL PROGRESS NOTE			
NAME	CASE #	DOB	GENDER
ADDRESS			
STAFF PROVIDING THIS SERVICE	DATE	BEGIN TIME	END TIME
PROGRAM PROVIDING THIS SERVICE			

<input type="checkbox"/> Incarcerated individual <input type="checkbox"/> Co-occurring/IDDT	<input type="checkbox"/> Multiple clients served <input type="checkbox"/> Intermittent/Supplemental
CONSUMER ATTENDANCE <input type="radio"/> Client Cancellation <input type="radio"/> Client Present <input type="radio"/> Family Present w/o Beneficiary <input type="radio"/> No-Show <input type="radio"/> Staff Cancellation <input type="radio"/> Staff Only	CONTACT TYPE <input type="radio"/> Face-to-Face <input type="radio"/> Not Face-to-Face <input type="radio"/> Consultation/Support <input type="radio"/> Telephone

PLACE OF CONTACT <input type="radio"/> Community <input type="radio"/> Court <input type="radio"/> Diversion <input type="radio"/> ER <input type="radio"/> General AFC (No Contract) <input type="radio"/> Home <input type="radio"/> Hospital Inpatient <input type="radio"/> Jail <input type="radio"/> Nursing Home <input type="radio"/> Office <input type="radio"/> School <input type="radio"/> Spec Res AFC Home <input type="radio"/> Telehealth <input type="radio"/> Walk In Clinic <input type="radio"/> Other: <input style="width: 300px; height: 15px;" type="text"/>

CONTACT <input type="checkbox"/> Consumer <input type="checkbox"/> Family <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Significant Other <input type="checkbox"/> Peer Support Specialist <input type="checkbox"/> Primary Care Physician <input type="checkbox"/> Pharmacy <input type="checkbox"/> Collateral <input type="checkbox"/> Service Provider <input type="checkbox"/> Other : <input style="width: 250px; height: 15px;" type="text"/>
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Flag this note as critical information for prescriber to view during medical review

PCP GOALS & OBJECTIVES THAT ARE APPLICABLE TO THIS PROGRESS NOTE:		
#	Goal (Phrased in consumer's words)	Dates
<input type="checkbox"/> 1		Effective: Target: <input type="checkbox"/> Completed
<input type="checkbox"/> A	Objective	Dates Effective: Target: <input type="checkbox"/> Completed
<input type="checkbox"/> B	Objective	Dates Effective: Target: <input type="checkbox"/> Completed
Stage of Change displayed related to this goal <input type="radio"/> Precontemplative <input type="radio"/> Contemplative <input type="radio"/> Preparation <input type="radio"/> Action <input type="radio"/> Maintenance <input type="radio"/> Not applicable		

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Not to be disclosed further unless consistent with the authorized purpose for which the information was released

#	Goal (Phrased in consumer's words)	Dates
<input type="checkbox"/> 2		Effective: Target: <input type="checkbox"/> Completed
	<input type="checkbox"/> A	Objective Dates Effective: Target: <input type="checkbox"/> Completed
	<input type="checkbox"/> B	Objective Dates Effective: Target: <input type="checkbox"/> Completed
	Stage of Change displayed related to this goal <input type="radio"/> Precontemplative <input type="radio"/> Contemplative <input type="radio"/> Preparation <input type="radio"/> Action <input type="radio"/> Maintenance <input type="radio"/> Not applicable	

Discussion

Progress Toward Goal(s) and/or Objective(s)

Consumer Satisfaction

SATISFACTION WITH SERVICES RENDERED

- Satisfaction with services, supports and/or treatment not discussed
- Satisfaction with services, supports and/or treatment discussed; consumer or representative satisfied
- Satisfaction with services, supports and/or treatment discussed; consumer or representative not satisfied

EXPLANATION – USE DIRECT QUOTES FROM CONSUMER, WHEN POSSIBLE:

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Physical Health of Consumer

DISCUSSED IN THIS CONTACT? Yes No

COMMENTS:

SIGNATURES

CLINICIAN SIGNATURE/CREDENTIALS

PRINTED NAME

DATE

CO-SIGNATURE 1 SIGNATURE/CREDENTIALS

PRINTED NAME

DATE

CO-SIGNATURE 2 SIGNATURE/CREDENTIALS

PRINTED NAME

DATE

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