



CLINICAL PROGRESS NOTE

Client Name:

File #:

Service Provider Name:

#	TREATMENT OBJECTIVES: Plan Dated From:	To:

PROGRESS SCALE: None, Fair, Good, Excellent

Describe the active intervention implemented (i.e. what you did); and how the client responded to the intervention (i.e. what client did). Give examples of what the client said or did that demonstrated progress toward each treatment objective. Your note must be clinically relevant and individualized.

	Signature/Credentials:
Date:	
Service:	
Total Time:	
Objectives:	
Progress:	
Cont'd?:	



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	Signature/Credentials:
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