

Outreach Services Note Revision Date: 3-7-09

Outreach Services Progress Note

Person's Nam				i	Record #:		DOB:						
Organization Name:													
Contact Type	act Type												
List All Persons Present  ☐ Person Present ☐ No Show ☐ Person Cancelled ☐ Provider Cancelled Explanation: ☐ Others Present (please identify name(s) and relationship(s) to person):													
Functioning - Observed or Reported (May include mood, affect, behavior, cognitive functioning, etc.):													
New Issue(s) Presented Today: ☐ None Reported ☐ New Issue resolved, no CA Update required ☐ CA Update Required													
Goal(s)/Objective(s) Addressed as Per Individualized Action Plan:													
☐ Goal ☐ Objective 1 ☐ Objective 2 ☐ Objective 3 ☐ Objective						 ] ]	☐ Goal ☐ Objective 1 ☐ Objective 2 ☐ Objective 3 ☐ Objective						
Therapeutic Interventions Provided:  ☐ Assessment of Needs ☐ Monitoring ☐ Eliminating Barriers ☐ Coordinating/Linkages ☐ Advocacy ☐ Outreach ☐ Crisis Management ☐ Education/Training ☐ Empowerment/Skills Building ☐ Other:  (Describe the interventions provided):													
Person's Response to Intervention/ Progress Toward Goals and Objectives:													
Plan / Additional Information (Indicate action plan between sessions):													
Provider - Print Name/Credential):  Supervisor - Print Name/Credential (if needed):													
Provider Signature:					Date:		Supervisor Signature (if needed): Date:						
Person's Signature (Optional, if clinically appropriate):					Date:		Next Appointment: Date: / / - Time: □ am					ım 🗆 pm	
Date of Service		ovider umber	Loc. Code	Prcdr. Code	Mod 1	Mo 2		Mod 4	Start Time	Stop Time	Total Time	Diagnostic Code	