

CLIENT PROGRESS NOTES

Name	Date	DX	Payor
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MENTAL STATUS

Appearance:
 poor hygiene disheveled inappropriate attire well-groomed

Sensorism:
 Oriented to: person place time situation

Functioning:
 alert/oriented disoriented/incoherent confused impaired judgment impaired insight
 memory impairment short term long term abnormal movements tremors
 tangential psychomotor retardation weight loss weight gain tearfulness

Speech:
 normal rapid slow monotone pressured

Behavior:
 cooperative uncooperative threatening agitated aggressive

Mood/Affect:
 congruent blunted/flat labile depressed/sad anxious irritable angry
 hostile intense hopeless/helpless worthless anhedonia euthymic euphoria

Daily Patterns:
 insomnia hypersomnia nightmares decreased libido increased libido fatigue
 social isolation decreased work/school performance no impairment in daily patterns

Thought Content:
 no suicidal ideation suicidal ideation intent loosening of association flight of ideas
 plan/means
 hallucinations (circle type) auditory visual olfactory tactile
 delusions (circle type) paranoid grandiose bizarre erotic

NOTES

Description of plan of care:

Professional intervention services: Social Worker Nutritionist Nurse Other specialist
 None needed If services needed please describe:

Transportation needed yes no If yes please describe purpose, type needed, and arrangements:

Referral to community services:
 mental health substance abuse domestic violence shelter ECI parenting classes
 medical educational assistance child care homeless services financial aid
 senior citizen services food/clothing childbirth classes no services needed

Describe services needed:

Describe coordination with medical care providers:

Describe coordination with mental health professionals: