

**APPLESEED COMMUNITY MENTAL HEALTH CENTER, INC.
COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRESS NOTE**

Client Name (First, MI, Last)							Client No.				
<input type="checkbox"/> Client Present (if others present, please list name(s) and relationship(s) to client)											
Significant Changes/Events (if applicable) <input type="checkbox"/> Not applicable											
Recommendation for Modifications to ISP (if applicable) <input type="checkbox"/> Not applicable											
CPST Rehabilitative and Environmental Support Activities (check all that apply)											
<input type="checkbox"/> 1. Ongoing Assessment of Needs.				<input type="checkbox"/> 6. Coordination and/or assistance in crisis management and stabilization as needed.							
<input type="checkbox"/> 2. Assistance in achieving personal independence in managing basic needs as identified by the individual and/or parent or guardian.				<input type="checkbox"/> 7. Advocacy and outreach.							
<input type="checkbox"/> 3. Facilitation of further development of daily living skills.				<input type="checkbox"/> 8. Education and training specific to the individuals assessed needs, abilities, and readiness to learn.							
<input type="checkbox"/> 4. Coordination of the ISP.				<input type="checkbox"/> 9. Mental health interventions that address symptoms, behaviors, thought processes, etc., that assist an individual in eliminating barriers to seeking education and employment.							
<input type="checkbox"/> 5. Symptom monitoring.				<input type="checkbox"/> 10. Activities that increased the individual's capacity to positively impact his/her own environment.							
Goal(s)/Objective(s):											
Brief Description of Service/s and Progress Toward Goal/s and Objectives:											
Provider Signature/Credentials						Date		Provider No. (optional)			
Client Signature (optional, if clinically appropriate)						Date		Supervisor Signature/Credentials (if needed)			Date
Supervisor Consultation (if needed):											
Date of Service	Staff ID No.	Loc. Code	Predr. Code	Mod 1	Mod 2	Mod 3	Mod 4	Start Time	Stop Time	Total Time	Diagnostic Code