

Healthy Louisiana Progress Note

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Billing code:	Client name:			
Staff name:				
Credentials:		Phone #:		
Date of service:		Start time:	End time:	
Service type: □ In-person □ Virtual/telehealth				
For virtual/telehealth: member informed of persons present: \square Yes \square No				
For virtual/telehealth: member informed of all persons', roles: \square Yes \square No				
Service location: ☐ Home ☐ Community ☐ Office ☐ School				
Crisis: □ Yes □ No				
Session type: □ Individual □ Group				
Goal:	#			
Objective:	#			
Staff intervention (Please notate all participants in session and materials utilized).				
Response to intervention (Include strengths, limitations, progress toward identified objective, observed behaviors, and significant changes not associated with objective).				
Participant response: Level of participation				
Low 1 2 3 4 5 6 7 8 9 10 High				
Mood: □ Irritable □ Depressed □ Anxious □ Euthymic □ Other:				
 Affect: □ Appropriate □ Inappropriate □ Blunted □ Flat □ Labile □ Other:				
Danger to self or others (any related risks): □ Yes □ No If yes, explain:				
Taking medication as prescribed: □ Yes □ No □ N/A				
Substance use: ☐ Yes ☐ No ☐ N/A				
Future plans of action (Include follow-up date and time of appointment.):				
Staff signature/credentials (e o	. functional title, applicable educ	ational degree, or professional lic	ense)	Date:
Staff signature/credentials (e.g., functional title, applicable educational degree, or professional license)			Dutc.	
Client (logal quandian signature				Data
Client/legal guardian signature				Date:

The content is for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. The information in these materials is not intended to substitute independent clinical judgement.