

QMHP Progress Note User's Guide

DATA FIELD	DESCRIPTION	PAGE #
Identifying Information	Include information such as consumer first and last legal name, case number, and additional persons present	1
Description of Service	Indicate type of service, service code, code of diagnosis treated, start and stop time, number of minutes of service provision, location, and billing status (if it is a no charge check the box next to N/C).	1
Clinical Assessment/Current Functioning	Document the consumer's report of current functioning/clinical status and observations regarding mood, affect, cognitive processes and potential for danger to self/others.	1
Presenting Problem/Chief Complaint	Summarize the issues presented by the consumer for this session.	1
Goal(s)/Objective(s) Addressed	Identify the goal(s) and/or objective(s) from the treatment plan that were addressed in the session.	1
Interventions Used/Consumer Response/Progress Toward Goal(s)/Objective(s)	Document interventions used in the session to work toward progress on the identified goal/objective. Describe the consumer's response to the interventions and progress or lack thereof on the goal(s) and objective(s).	1
Action Steps/Plans for Next Session/Discharge Plans	Note homework assignments given, next steps in treatment and/or plans for discharge/termination.	1
Changes/Revisions to Treatment Plan	Put a check mark next to Changes/Revisions or None. If there are changes/revision document revisions made to the treatment plan during the session including the addition of goals/services and/or the discontinuing of goals/services, an updated treatment plan must be completed.	1
Justification for Ongoing Services (Medical Necessity)	Document justification for on-going services which can include: continued impairment in reality testing, continued anxiety or depressed mood, continued impairment of social, familial, academic or occupational functioning, continued need for treatment to monitor/reduce risk of violence to self/others, and services needed to maintain consumer and stabilize gains.	1
Staff Signature	Obtain signature and credentials of the staff person who rendered the service and the date the service was completed.	1
Consumer/Guardian Signature	Obtain the signature of the consumer/guardian at the end of each session. The only program that is exempt from getting signatures is the Discovery Program. If there is a parent present, legal guardian present or the child is old enough to sign and know what they are signing then there needs to be a signature on all progress notes. If no signature is present an explanation to why there is not signature is required, except for the Discovery Program.	1
Writing should be legible		All pages
Add another sheet of paper as page 2 if more room is needed.		All pages