



**BEHAVIORAL HEALTH SYSTEMS**

# CLINICAL PROGRESS REPORT

PATIENT NAME: \_\_\_\_\_

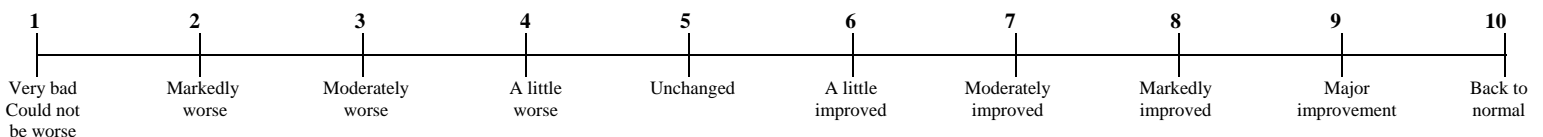
PROVIDER NAME: \_\_\_\_\_

INSURED'S EMPLOYER: \_\_\_\_\_

The purpose of this report is to identify patient's progress or lack of progress on specified goals and objectives, signs and symptoms, and level of functioning. HIPAA allows release of this information for payment purposes.

Date: ____/____/____ Duration: _____ (minutes) Score this visit: _____ (see scale below)	PROGRESS/OBSERVATIONS:   GOALS ADDRESSED:   GOALS/PLANS FOR NEXT VISIT:   <div style="text-align: right;">_____ PROVIDER SIGNATURE</div>
Date: ____/____/____ Duration: _____ (minutes) Score this visit: _____ (see scale below)	PROGRESS/OBSERVATIONS:   GOALS ADDRESSED:   GOALS/PLANS FOR NEXT VISIT:   <div style="text-align: right;">_____ PROVIDER SIGNATURE</div>
Date: ____/____/____ Duration: _____ (minutes) Score this visit: _____ (see scale below)	PROGRESS/OBSERVATIONS:   GOALS ADDRESSED:   GOALS/PLANS FOR NEXT VISIT:   <div style="text-align: right;">_____ PROVIDER SIGNATURE</div>

**Instructions:** Refer to the scale below and indicate above the score that best describes the patient's overall condition at the time of each visit.



NOTE: IF PATIENT'S CONDITION WARRANTS A REVIEW OF THE TREATMENT PLAN, ITS DURATION OR FREQUENCY, PLEASE CONTACT THE BHS CLINICAL CASE MANAGER.