

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://	PROGRESS/OBSERVATIONS:	
Duration:		
Score this visit:	GOALS ADDRESSED:	
	GOALS/PLANS FOR NEXT VISIT:	
		PROVIDER SIGNATURE
Date:/	PROGRESS/OBSERVATIONS:	
Duration:	TROOKLSS/ODSERVATIONS.	
Score this visit:	GOALS ADDRESSED:	
	GOALS/PLANS FOR NEXT VISIT:	
		PROVIDER SIGNATURE
Date:// Duration:	PROGRESS/OBSERVATIONS:	
Score this visit:	GOALS ADDRESSED:	
	GOALS/PLANS FOR NEXT VISIT:	
		PROVIDER SIGNATURE

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.

1	2		3 4	. 5	6	7	8	9	10
Very ba	nd Mar	kedly Mod	lerately A	little Uncha	anged A li	ttle Modera	ately Mark	edly Ma	jor Back to
Could n	ot we	orse w	orse w	orse	impro	oved impro-	ved impre	oved improv	vement normal
be wors	se								

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