

Community Health Plus

BJCSM Behavioral Health

PROGRESS REPORT AND CLOSING SUMMARY

CHECK ONE <input type="checkbox"/> PROGRESS REPORT <input type="checkbox"/> CLOSING SUMMARY	DATE
VENDOR NAME	CASE MANAGER
PHYSICIAN	CLIENT
THERAPIST	CLIENT I.D.

1. REVIEW OF TREATMENT GOALS:

2. COMPLIANCE:

3. CLINICAL COURSE OF TREATMENT:

4. MEDICATION / DOSAGE

MEDICATION	DOSAGE	+ TOTAL DAILY DOSAGE IN MGS.	DRUG EFFICACY SCORE SIDE EFFECTS / THER. EFFECTS

+ IF DEPOT LIST MONTHLY DOSAGE IN MGS.

* NOTE: PLEASE REFER TO PROVIDER MANUAL FOR INSTRUCTIONS ON COMPLETING EACH OF THESE ITEMS

