# A black and blue logo  AI-generated content may be incorrect.**Greater Malden Behavioral Health**

# In-Home Therapy Progress Note

**Date of Service**: Click or tap to enter a date. **Client Name**: Click or tap to enter text

**Client ID:** Click or tap here to enter text. **Client DOB:** Click or tap to enter date

**MIS#:** Click or tap here to enter text.

**Total Units Master’s:** Click or tap here to enter text. **Total Units Bachelor’s:** Click or tap here to enter text.

**Service Type and Units** (1 unit = 15 minutes)

[ ]  CANS: Click or tap here to enter text.

[ ]  Family Therapy: Click or tap here to enter text.

[ ]  Risk Management/Safety Planning: Click or tap here to enter text.

[ ]  Direct Time with Provider: Click or tap here to enter text.

[ ]  Collateral Contacts: Click or tap here to enter text.

[ ]  Care Coordination: Click or tap here to enter text.

[ ]  Case Management: Click or tap here to enter text.

[ ]  Insurance Documentation: Click or tap here to enter text.

[ ]  Client Transportation (2unit max): Click or tap here to enter text.

[ ]  Treatment Planning: Click or tap here to enter text.

[ ]  Client Outreach (2unit max): Click or tap here to enter text.

[ ]  Skills Training for youth/parent/guardian: Click or tap here to enter text.

[ ]  24/7 Phone Crisis Response: Click or tap here to enter text.

**Mental Status (Clinician Only)**

Appearance: Choose an item. Orientation: Choose an item.

Behavior: Choose an item. Speech: Choose an item.

Affect: Choose an item. Mood: Choose an item.

Thought Process: Choose an item. Thought Content: Choose an item.

Perception: Choose an item. Judgment: Choose an item.

Insight: Choose an item. Appetite: Choose an item.

Sleep: Choose an item.

**Risk Assessment (Clinician Only)**

Suicidality: Choose an item. Homicidality: Choose an item.

**Interventions (Clinician Only)**

[ ]  Cognitive Challenging [ ]  Cognitive Refocusing [ ]  Cognitive Reframing

[ ]  Communication Skills [ ]  DBT [ ]  Exploration of Emotions

[ ]  Guided Imagery [ ]  Interactive Feedback [ ]  Interpersonal Resolution

[ ]  Preventative Services [ ]  Mindfulness Training

[ ]  Exploration of Relationship Patterns

[ ]  Other Click or tap here to enter text.

**Overall Progress Note:** Click or tap here to enter text.

Clinician/TT&S Name and Credentials: Click or tap here to enter text.

Clinician/TT&S Signature:

Date: Click or tap to enter a date.

Team Leader/Supervisor Name and Credentials: Click or tap here to enter text.

Team Leader/Supervisor Signature:

Date: Click or tap to enter a date.