# 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.