CONTRA COSTA BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

Progress Note / Service Entry Form

NAME/MRN

Facility Name: _____ ID: _____ Program Name: _____ ID: _____

Provider: _____ ID: _____ Number in Group: _____ Group ID: _____

Elapsed Time (Total Minutes): _____ Travel Time (Total Minutes): _____

Service (Begin) Date: _____ Begin Time: 12:00 am

Service Code (check one)

☐**371** Crisis Intervention	☐**358** IHBS	☐**317** Rehabilitation Sup	☐**341** Individual Therapy
☐**300** No Show	☐**564** ICC	☐**319** Family Therapy-Client present	☐**351** Group Therapy
☐**400** Client Cancel	☐**565** ICC-CFT	☐**320** Family Therapy Without Client present	☐**355** Group Rehab
☐**700** Staff Cancel	☐**311** Collateral	☐**331** Assessment	☐**357** Group Collateral
☐**540** Non-Bill	☐**313** Evaluation		☐**541** CM Placement Services
☐**580** IMD/JAIL/JUV SVC Lock-out	☐**315** Plan Development		☐**561** CM Linkage
			☐**571** CM Plan Development

Place of Service (check one)

☐ Office	☐ Inpatient Psychiatric	☐ Residential Txt Center (Child)	☐ Telehealth – Pt Home
☐ Field	☐ Inpatient Health	☐ Residential Txt Center (Adult)	☐ Telehealth – Other than Pt Home
☐ Phone	☐ Emergency Room	☐ Hospice	☐ Age Specialty Center
☐ Home	☐ Jail	☐ Skilled Nursing Facility	☐ Faith Based Location
☐ School	☐ Emergency Shelter	☐ Mobile Service	☐ Nontraditional Location
☐ Satellite	☐ Primary Care Health Clinic	☐ Job Site	☐ Other Location

Is the client pregnant? ☐ **Yes** ☐ **No** **(If yes, please document how service was pregnancy-related)**

☐ **Interpreter** Name of Interpreter: _____

Language service provided in other than English: ☐ Spanish ☐ Other _____

Service Strategies (check up to two, if applicable)

☐50-Peer/Family Delivered Services	☐54-In Partnership w/Law Enforcement	☐58-Integrated Services for MH/Aging
☐51-Psychoeducation	☐55-In Partnership w/Health Care	☐59-Integrated Services for MH/DD
☐52-Family Support	☐56-In Partnership w/Social Services	☐60-Ethnic-Specific Service Strategy
☐53-Supportive Education	☐57- In Partnership w/SA Services	☐61-Age-Specific Services Strategy
		☐99-Unknown Service Strategy

DIAGNOSIS: ICD-10 Code, DSM-5 Diagnosis and Narrative

ICD-10 Code: _____ DSM-5 Diagnosis: _____ (Primary)

DSM-5 Narrative Diagnosis: _____

ICD-10 Code: _____ DSM-5 Diagnosis: _____ (Secondary)

DSM-5 Narrative Diagnosis: _____

Client Name: _____ **Client MRN/ID:** _____

1a. Treatment goal(s) addressed, if appropriate. **(Chart to: Goals/Strategies on Plan; impairment related to diagnosis; progress and/or barriers to recovery; or unplanned events.)**
1b. Description of Current Situation/Reason for Contact: (Status update, needs, clinical impression)
2. Focus of Activity: (Intervention and Response to intervention, what did you do? What is the client's response?)

Client Name: _____ **Client MRN/ID:** _____

3. Plan (e.g. Coordinator of Care, Referrals, Follow-up) Specialty what the client/family/providers are to do.

_____	_____	_____
Signature/License/Designation	Printed Name	Date
_____	_____	_____
Co-Signature/license (if applicable)	Printed Name	Date

_____
Data Entry Clerk Initials