

SanLuisObispoCntySmartcareQA | 06/08/2023

Progress Note

Client Name: Fictional A Mh Client **Client ID:** 400001 **Status:** Show
Clinician Name: Amanda Margaret Getten **Service:** Mental Health Service Plan Developed by Non-Physician
Date Of Service: 06/23/2023 **Start Time:** 5:00 PM **Total Duration:** 60.00 Minutes
Program: SLO Clinic Adult (1402)
Location: Office
Documentation Time: 5 Minutes

Information

Describe current service(s), how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors).

Current status of presenting problem (describe client's current symptoms and progress in treatment since last review):

Current substance use:

Current challenges/barriers to treatment:

Who are the people involved in the client's life and treatment:

Are Releases of Information in place?

List referrals needed/offered:

Changes in medical status since last review:

Primary care and specialty care providers:

Outreach to health care providers since last review:

Annual labs completed?

Is client currently pregnant?

Risk factors/safety plan:

Client response to treatment plan:

Follow-up plan/next steps:

Care Plan

Indicate the goals, treatment, service activities, and assistance to address the objectives of the plan and the medical, social, educational, and other services needed by the beneficiary. Include how the beneficiary or their representative helped to develop the goals, and the progress toward meeting the established goals. Indicate transition plan if the individual has achieved the goals of the care plan.

Client has benefitted from provided Specialty Mental Health Services and will continue to receive medication support and targeted case management services to address needs resulting from symptoms of depression and functional impairments.

Staff: Amanda Margaret Getten, LMFT

Signature Date: 06/24/2023

