

Client



Progress Note

NTS027

Progress Note Type

Case Management Activity

Performed By

Contact Type

Service Location

Service Date

mm/dd/yyyy

Date of Last Contact

mm/dd/yyyy

Select Activities

Activity Group	Activities	Recommended
Basic Medical Attention	Provided In-House	<input type="checkbox"/> Select
Basic Medical Attention	Referral	<input type="checkbox"/> Select
Employment/Educational	ADA Issue	<input type="checkbox"/> Select
Employment/Educational	Educational (GED)	<input type="checkbox"/> Select
Employment/Educational	Unemployment Benefits Claims	<input type="checkbox"/> Select
Employment/Educational	Vocational	<input type="checkbox"/> Select
Family Services	Child Care	<input type="checkbox"/> Select
Family Services	Domestic Violence	<input type="checkbox"/> Select
Family Services	Family Planning	<input type="checkbox"/> Select

Family Services	Parenting Education	<input type="checkbox"/> Select
Financial Assistance	Food Assistance	<input type="checkbox"/> Select
Financial Assistance	Health Insurance Costs	<input type="checkbox"/> Select
Financial Assistance	Medical Services Fees	<input type="checkbox"/> Select
Financial Assistance	Social Security (for SSI or SSDI)	<input type="checkbox"/> Select
Financial Assistance	Veterans Programs	<input type="checkbox"/> Select
HIV AIDS Services	AIDS Service Organizations (ASO)	<input type="checkbox"/> Select
HIV AIDS Services	HIV Education	<input type="checkbox"/> Select
HIV AIDS Services	HIV Intervention Counseling	<input type="checkbox"/> Select
HIV AIDS Services	HIV Motivational Counseling	<input type="checkbox"/> Select
Medication Disposal	Material Received	<input type="checkbox"/> Select
Medication Assisted Therapy (MAT)	Medication Storage Material Received	<input type="checkbox"/> Select
Medication Assisted Therapy (MAT)	Induction In-House	<input type="checkbox"/> Select
Medication Assisted Therapy (MAT)	Referral	<input type="checkbox"/> Select
Medical Benefits/Care	Dental	<input type="checkbox"/> Select
Medical Benefits/Care	Enrollment in Medicaid/Medicare	<input type="checkbox"/> Select
Medical Benefits/Care	HIV Primary Medical Care	<input type="checkbox"/> Select
Medical Benefits/Care	Hospice	<input type="checkbox"/> Select
Medical Benefits/Care	Medical Supplies	<input type="checkbox"/> Select

Medical Benefits/Care	Nutritional Services	<input type="checkbox"/> Select
Medical Benefits/Care	Other Medical Services/Treatment	<input type="checkbox"/> Select
Medical Benefits/Care	Prescriptions	<input type="checkbox"/> Select
Medical Benefits/Care	Wellness Programs	<input type="checkbox"/> Select
Medication Assisted Recovery Support In-House	48-Hour Shelter	<input type="checkbox"/> Select
Medication Assisted Recovery Support In-House	Recovery Coaching	<input type="checkbox"/> Select
Medication Assisted Recovery Support In-House	Housing	<input type="checkbox"/> Select
Medication Assisted Recovery Support In-House	Employment	<input type="checkbox"/> Select
Medication Assisted Recovery Referral	Recovery Coaching	<input type="checkbox"/> Select
Medication Assisted Recovery Referral	Housing	<input type="checkbox"/> Select
Medication Assisted Recovery Referral	Employment	<input type="checkbox"/> Select
Mental Health	Bereavement Planning	<input type="checkbox"/> Select
Mental Health	Family Counseling	<input type="checkbox"/> Select
Mental Health	Mental Health Services	<input type="checkbox"/> Select
Medication Received	Nalaxone	<input type="checkbox"/> Select
Other	Clothing	<input type="checkbox"/> Select
Other	Housing (Including HOPWA)	<input type="checkbox"/> Select
Other	Legal Services	<input type="checkbox"/> Select
Other	Other Non-Substance Abuse Services Accessed	<input type="checkbox"/> Select

Other	State ID	<input type="checkbox"/> Select
Other	Transportation	<input type="checkbox"/> Select
Overdose Prevention Education	Administration Training	<input type="checkbox"/> Select
Primary Prevention	Primary Prevention Services	<input type="checkbox"/> Select
Smoking Cessation	Smoking Cessation Services	<input type="checkbox"/> Select
Support Groups	Family/Significant Other Support Group	<input type="checkbox"/> Select
Support Groups	HIV Support Group	<input type="checkbox"/> Select
Support Groups	HIV and Substance Abuse Support Group	<input type="checkbox"/> Select
Support Groups	Substance Abuse Support Group	<input type="checkbox"/> Select

Activities Utilized

Activity Group	Activities	Number of Times Utilized	Number Attended with Client	Time Spent with Client (Including Travel)
Basic Medical Attention	Provided In-House	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs.
Basic Medical Attention	Referral	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs.
Employment/Educational	ADA Issue	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs.
Employment/Educational	Educational (GED)	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs.
Employment/Educational	Unemployment Benefits Claims	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs.
Employment/Educational	Vocational	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs.
Family Services	Child Care	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs.
Family Services	Domestic Violence	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs.

Family Services	Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Family Services	Parenting Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Financial Assistance	Food Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Financial Assistance	Health Insurance Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Financial Assistance	Medical Services Fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Financial Assistance	Social Security (for SSI or SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Financial Assistance	Veterans Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
HIV AIDS Services	AIDS Service Organizations (ASO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
HIV AIDS Services	HIV Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
HIV AIDS Services	HIV Intervention Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
HIV AIDS Services	HIV Motivational Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medication Disposal	Material Received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medication Assisted Therapy (MAT)	Medication Storage Material Received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medication Assisted Therapy (MAT)	Induction In-House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medication Assisted Therapy (MAT)	Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medical Benefits/Care	Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medical Benefits/Care	Enrollment in Medicaid/Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medical Benefits/Care	HIV Primary Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medical Benefits/Care	Hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medical Benefits/Care	Medical Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medical Benefits/Care	Nutritional Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.

Medical Benefits/Care	Other Medical Services/Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medical Benefits/Care	Prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medical Benefits/Care	Wellness Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medication Assisted Recovery Support In-House	48-Hour Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medication Assisted Recovery Support In-House	Recovery Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medication Assisted Recovery Support In-House	Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medication Assisted Recovery Support In-House	Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medication Assisted Recovery Referral	Recovery Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medication Assisted Recovery Referral	Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Medication Assisted Recovery Referral	Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Mental Health	Bereavement Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Mental Health	Family Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Mental Health	Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Nalaxone	Medication Received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Other	Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Other	Housing (Including HOPWA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Other	Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Other	Other Non-Substance Abuse Services Accessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.

Other	State ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Other	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Overdose Prevention Education	Administration Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Primary Prevention	Primary Prevention Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Smoking Cessation	Smoking Cessation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Support Groups	Family/Significant Other Support Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Support Groups	HIV Support Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Support Groups	HIV and Substance Abuse Support Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.
Support Groups	Substance Abuse Support Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hrs.

Substance Abuse

Has the client received any Substance Abuse treatment services? Yes No

ServiceType

Number of contacts with client

Time spent with Client (Including Travel) hrs.

Session Narrative