
CMH CASE MANAGEMENT PROGRESS NOTE

Name: _____ **Date:** _____ **Length of Session (face-to-face):** _____

Present in meeting: Client Present Others Present (list names and relation to client): _____

Stressors/Extraordinary Events: None Reported/Observed **Details:** _____

Changes in Client's Functioning (for 1:1 visit): No Significant Change from Last Visit

Mood/Affect: Notable **Cognition:** Notable **Behavior:** Notable
Details: _____

Client Risk/Danger Assessment: None Low Low-Mod Mod Mod-High High Risk

Type of Risk: Self Others: _____ Property

Risk Indicator: Fleeting Thoughts Pattern of thought Plan Intent Attempt Other:
Details: _____

Client Exposure to Family/Environmental Danger; Risk of Being Harmed/Injured: None Reported/Observed
Details (define dynamic/danger, explain type of potential harm – emotion, self-injury, physical harm, etc.): _____

Case Manager Plan of Action if Danger/Risk Present: Continue with Current Crisis/Safety Plan
 Coordination of Emergency/Crisis Intervention Services Reviewed/Revised Safety Plan
 Update MHP/Psychiatrist on Client Status Facilitate Immediate Adult Supervision of Client
 Follow-up Schedules on: _____ Other: _____

Goal(s)/Objective(s) Addressed from IFCSP: _____

Progress on Goals & Objectives: _____

Case Management Services/Interventions Provided:

- | | | |
|--|--|--|
| <input type="checkbox"/> Client/Family Assessment - Formal | <input type="checkbox"/> Review Formal Assessment Findings | <input type="checkbox"/> Assess Current Needs – Informal |
| <input type="checkbox"/> Goal Planning/IFCSP Development | <input type="checkbox"/> Review Goal Progress | <input type="checkbox"/> IFCSP Revision |
| <input type="checkbox"/> IFCSP Review | <input type="checkbox"/> Monitor Supports & Services | <input type="checkbox"/> Facilitate Client Referral |
| <input type="checkbox"/> Explore Funding Eligibility/Sources | <input type="checkbox"/> Crisis Planning | <input type="checkbox"/> Service Coordination |
| <input type="checkbox"/> Monitor Medication/Side Effects | <input type="checkbox"/> Functional Assessment/CASII | <input type="checkbox"/> Other: _____ |

Brief Description of Case Manager Activities: _____

Client & Family Response to Intervention: No Significant Change from Last Visit

- Cooperative/Engaging Ambivalent/Inconsistent/Tentative Engagement Disengaged/Disinterested
 Adversarial/hostile Other: _____

Comments: _____

Additional Information: None

Next Steps:

1. _____
2. _____
3. _____

Provider Name/Credentials

CMH-068
02/18/09