

Client Name

Authorization Number

Service Date

Service Language

Total Time (minutes)

(includes direct service time, documentation & travel)

Location

Service Code

Begin typing your progress note here. You must include your clinical interventions, the client's response to those interventions, and follow-up plan for client's future treatment.

Print Provider's Name

Credentials

Signature

Solano County Health and Social Services
Mental Health Division

MANAGED CARE PROGRESS NOTE
Confidential Patient Information

See California Welfare and Institutions Code 5328 and the Health Insurance Portability and Accountability Act Privacy and Security Rules
Revised 5/9/13

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