Colorado Health Partnerships, LLC

Pikes Peak ♦ SyCare ♦ West Slope Casa ♦ *ValueOptions*

PROGRESS NOTES

CLIENT NAME: _____ CLIENT MEIDCAID #:_____

PROGRESS TOWARD PROBLEMS IDENTIFIED ON TREATMENT PLAN

Notes for: (select all that apply) GOAL #: ☐ 1 ☐ 2 ☐ 3 (from treatment plan)

☐ case management note ☐ other: _____

PROGRESS (in emotional/behavioral terms):

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Provider Signature (include credentials): _____

Date of Session: _____