EXAMPLE

PROGRESS NOTE AND TREATMENT PLAN REVIEW

CLIENT NAME: ____________________________________ DATE:__________

Type and amount of services received:
______________________________________________________________

______________________________________________________________

______________________________________________________________

Documentation of the participation of others:
______________________________________________________________

______________________________________________________________

Monitoring of physical and mental health problems:
______________________________________________________________

______________________________________________________________

______________________________________________________________

Dimension 1: acute intoxication/withdrawal potential Risk Level:_____
Progress:________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Were the strategies to address the goals effective? _____yes _____no
Treatment updates needed? _____yes _____no
Client notified and agrees with change? _____yes _____no

10/20/10
Dimension 2: biomedical conditions and complications  
Risk Level:______
Progress:__________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Were the strategies to address the goals effective? _____yes _____no
Treatment updates needed? ____yes _____no
Client notified and agrees with change? ____yes ____no

Dimension 3: emotional/behavioral/cognitive  
Risk Level:______
Progress:__________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Were the strategies to address the goals effective? _____yes _____no
Treatment updates needed? ____yes _____no
Client notified and agrees with change? ____yes ____no

Dimension 4: readiness for change  
Risk Level:______
Progress:__________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Were the strategies to address the goals effective? _____yes _____no
Treatment updates needed? ____yes _____no
Client notified and agrees with change? ____yes ____no
Dimension 5: relapse/continued use/problem potential  
Risk Level:______
Progress:____________________________________________________________________________________
_____________________________________________________________________________________  
_____________________________________________________________________________________
__________________________________________________________________________________________

Were the strategies to address the goals effective? _____yes _____no
Treatment updates needed? ______yes _____no
Client notified and agrees with change? _____yes _____no

Dimension 6: recovery environment  
Risk Level:______
Progress:____________________________________________________________________________________
_____________________________________________________________________________________  
_____________________________________________________________________________________
__________________________________________________________________________________________

Were the strategies to address the goals effective? _____yes _____no
Treatment updates needed? ______yes _____no
Client notified and agrees with change? _____yes _____no

*If the client has an individual abuse prevention plan it must be reviewed and evaluated as part of the treatment plan review.

___________________________________________  _____________
Counselor Signature  Date