SOCIAL WORK PROGRESS NOTE

Patient Label	Client Name:		DOB:
	Visit Date:	Visit Code:	
	Time In:	Time Out:	Mileage:
	Emp. Name:		Emp. #:
	Are you the primary case manager? ☐ Yes ☐ No		
Homebound (*1° case manager): ☐ Yes ☐ No Reason:		Payor:	

Reason For Visit And Findings (Check All That Apply)

Assess Tangible Needs Interfering With Treatment Plan

☐ Housing ☐ Finances ☐ Cleanliness ☐ Care Taker Relief
☐ Legal Asst ☐ Placement ☐ Abuse/Neglect ☐ Inadequate Services
☐ Assault ☐ Transportation ☐ Stressful Life ☐ Interpersonal Relationships

COMMENTS _____

Assess Behavioral / Attitudinal / Mental Status Changes:

☐ Orientation ☐ Agitation ☐ Passive ☐ Non-Cooperative
☐ Anxiety ☐ Depression ☐ Cooperative

Treatments / Goals Performed This Visit:

☐ Case coordination with Home Care staff
☐ Assisting with Financial Problems and Entitlements
☐ Short-term therapy: support dealing with depression/adjustment/management
☐ Short-term therapy: strengthen family support system to maximize pt's response to tx
☐ Crisis intervention
☐ Counseling for long range planning
☐ Serving as advocate for services for pt./family
☐ Community referral & linkages
☐ Teaching pt./family re: options & access to services

Communication/Networking:

☐ Conferenced with: ☐ CHN ☐ Caregiver ☐ Other Family Members ☐ Doctor
☐ Service Providers ☐ Therapist / Psych. Team

COMMENTS / CONTACTS: _____

Follow Up Required: _____

Next Visit _____ Plan _____

Signature _____ Date _____