AmeriHealth Caritas Louisiana

Healthy Louisiana Progress Note

Billing code:	Client name:	
Staff name:		
Credentials:	Phone #:	
Date of service:	Start time:	End time:

Service type: ☐ In-person ☐ Virtual/telehealth

For virtual/telehealth: member informed of persons present: ☐ Yes ☐ No

For virtual/telehealth: member informed of all persons', roles: ☐ Yes ☐ No

Service location: ☐ Home ☐ Community ☐ Office ☐ School

Crisis: ☐ Yes ☐ No

Session type: ☐ Individual ☐ Group

Goal:	#
Objective:	#

Staff intervention (Please notate all participants in session and materials utilized).

Response to intervention (Include strengths, limitations, progress toward identified objective, observed behaviors, and significant changes not associated with objective).

Participant response: Level of participation

Low ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 **High**

Mood: ☐ Irritable ☐ Depressed ☐ Anxious ☐ Euthymic ☐ Other:

Affect: ☐ Appropriate ☐ Inappropriate ☐ Blunted ☐ Flat ☐ Labile ☐ Other:

Danger to self or others (any related risks): ☐ Yes ☐ No If yes, explain:

Taking medication as prescribed: ☐ Yes ☐ No ☐ N/A

Substance use: ☐ Yes ☐ No ☐ N/A

Future plans of action (Include follow-up date and time of appointment.):

Staff signature/credentials (e.g., functional title, applicable educational degree, or professional license)	Date:
Client/legal guardian signature	Date: