MSDP

Group Psychotherapy Progress Note
Revision Date: *3-7-09*

Person's Name (First / MI / Last):	**Record #:**	**DOB**:
Organization Name:		
Group Name:	**Number of Attendees:**	

The Person Served Did Not Attend: ☐ **No Show** ☐ **Cancelled - Explanation:**

DOCUMENTATION OF PERSON'S SERVED PARTICIPATION AND RESPONSE TO GROUP TREATMENT

Behavior in Group:
☐ **Active in discussion** ☐ **Offered constructive input** ☐ **No apparent interest**
☐ **Showed insight** ☐ **Non-verbal but engaged** ☐ **Supportive to others** ☐ **Appeared distracted**
☐ **Showed interest** ☐ **Showed leadership** ☐ **Withdrawn** ☐ **Disruptive** ☐ **Not supportive to others**

Person's Served Mood: ☐ **Stable** ☐ **Depressed/Sad** ☐ **Anxious** ☐ **Angry** ☐ **Hopeful** ☐ **Other:**

Stressors/Extraordinary Events/New Issues Presented Today ☐ None Reported ☐ New Issue resolved, no CA required
☐ CA Update Required? **Detail:**

Goal(s)/Objective(s) Addressed As Per Individualized Action Plan:

☐ Goal ___ ☐ Objective 1 ___ ☐ Objective 2 ___ ☐ Objective 3 ___ ☐ Objective ___	☐ Goal ___ ☐ Objective 1 ___ ☐ Objective 2 ___ ☐ Objective 3 ___ ☐ Objective ___

Therapeutic Intervention(s) Delivered in Session:

Person's Response to Intervention and/or Progress Toward Goals and Objectives Today:

Plan / Additional Information (Indicate action plan between sessions):

Provider - Print Name/Credential:		**Supervisor - Print Name/Credential** (if needed):	
Provider Signature:	**Date:**	**Supervisor Signature** (if needed):	**Date:**
Person's Signature (Optional, if clinically appropriate):	**Date:**	**Next Appointment:** **Date: / / - Time:** ☐ **am** ☐ **pm**	

☐ **Medicare "Incident To" Services Only** *(If Applicable)*:	**Name and credentials of supervising professional on site:**

Date of Service	Provider Number	Loc. Code	Prcdr. Code	Mod 1	Mod 2	Mod 3	Mod 4	Start Time	Stop Time	Total Time	Diagnostic Code