

TCM Care Plan Progress Note Template

Client Name: _____
 Client MRN: _____
 Service Min: _____ Documentation Min: _____
 Travel Min: _____ Total Min: _____
 Face to Face Min: _____ Non Face to Face Min: _____
 Language Service Provided: _____ Interp. Yes No
 Diagnosis(es): _____

Date of Service: _____
 Date of Documentation: _____
 CPT Code: MHS Plan Dev by Non-Phys (70899-422)
 Non-Billable Plan Development (70899-410)
 Modifier(s): _____
 FIN#: _____

Purpose of Service:

Date this plan was developed/discussed/agree upon with Client:

Were other authorized health care decision makers consulted to develop goal/s? If yes, who was consulted:

Course of Action to respond to the AX needs of a CL:

Treatment Objectives: *Goals, treatment, service activities and assistance*

(Complete a goal for all areas of functioning in which CL has an impairment as identified in Psychosocial)

Living Arrangement Goal:

Financial Status/Money Management Goal:

Social/Communication Skills Goal:

Daily Activities Goal:

Educational/Vocational Goal:

Legal Goal:

Substance Abuse Goal:

Mental Health Management Goal:

Physical Health Care Goal:

Transition Plan for when CL has achieved goals of this CP:

Provider Signature: _____	Date: _____
Co-Signature (if needed): _____	Date: _____
Provider Signature (Annual Review): _____	Date: _____
Co-Signature (if needed): _____	Date: _____
Provider Signature (Bi-Annual Review): _____	Date: _____
Co-Signature (if needed): _____	Date: _____