

MONTHLY TREATMENT REPORT

This form must be completed and submitted with each monthly billing. Additional sheets may be used.

1. PROGRAM NAME: ABC Treatment		1a. PROVIDER NAME: David Jones LCSW		2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): October 2, 2017	
3. CLIENT NAME: John Doe		3a. PACTS NO. 123456		4. FOR PERIOD COVERING: October 1, 2017 - October 31, 2017	
5. PHASE NO. 1	5a. TIME IN PHASE: 90 Days	6. PRETRIAL CLIENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Student <input type="checkbox"/> Other	

8. CONTACTS SINCE LAST REPORT

a. Date	b. Service (Name & No.)	c. Length of Contact	d. Comments (No Shows, Tardiness, Issues Addressed)	e. Copay (amount collected)
10/2/2017	5011	1 unit per report	Mental Health Assessment/ Intake 2.5 Hrs.	\$25.00
10/9/17	6015	30 min. 1 unit	Co-occurring Individual Treatment	\$10.00
10/16/17	6015	45 min. 1.5 units	Co-occurring Individual Treatment	\$10.00
10/23; 10/30	6015	60 min. 2 units	Co-occurring Individual Treatment	\$20.00
10/5/17	2022	90 min. 3 units	MRT- Cog. Beh. Manualized Group	\$5.00
12,19,26	2022	120 min. 4 units	MRT- Cog. Beh. Manualized Group	\$15.00
4,11,18,25	6026	90 min. 3 units	Co-occurring Group	\$20.00
3,10,17,24,30	6027	90 min. 3 units	Ed. Group Dual Disorders	\$0.00
16,30	6000	60 min. 2 units	Case Management Mental Health	\$0.00
10/09/17	5010	1 unit per report	Psychological Evaluation and Report	\$25.00
10/30/17	6051	1 unit per report	Medication Monitoring - Nurse Visit	\$25.00
10/30/17	4020	1 unit per report	Physical Lab study and report	\$25.00

9. URINE TESTING RECORD

DATE COLLECTED	Scheduled		Sample Not Tested		Drug Use Admitted		COLLECTED BY	SPECIAL TESTS REQUESTED	TEST RESULTS (Positive/Negative)	Copay (amount collected)
	Yes	No	Insuf. Qty.	Stall	No	Yes (specify drug)				
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A			
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A			

10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS

a. Describe the treatment goals addressed this month (Met Not Met): **Criminogenic Needs** Cognitions, Peers, Sub. Abuse

Mr. Doe struggles with antisocial cognitions and paranoid thoughts and feelings that reinforce criminal behaviors. He reports having associations with antisocial peers and we will work on setting boundaries. During treatment we attempted to help Mr. Doe verbalize an understanding of the causes for his symptoms of and treatment of depressive episodes. We also focused on his need to be compliant with his medications and the need to avoid illegal drug use while in treatment. In groups Mr. Doe admitted he struggles with making decisions and choices. He acknowledged being impulsive and not think about the impact of his behaviors or the consequences.

b. Describe any steps taken by the client this month toward these goals (Positive Negative):

Mr. Doe processed the ABC theory of emotions to work at helping him understand how his thoughts impact his feelings, behavior and consequences. Mr. Doe answered the "what if" questions what if his life were perfect, how would it look. He also worked to process things he needs to do today to help him achieve his goals and dreams for the future. He is working on his assignments and sharing them in group. We have been encouraged by his willingness to share examples in group.

c. Describe any obstacles or setbacks the client encountered this month:

Mr. Doe has several basic living needs that include transportation, food, clothing, housing and employment. Mr. Doe indicated he is not sure if he will be successful and he is afraid change is going to be painful. He started his medications yet requested a follow up appointment due to side effects of the medications. A lab test was requested at the end of the month to assist the prescribing physician with the correct dose of the medication. Mr. Doe will need to complete the first half of his Relapse Prevention Plan (Due Nov. 15). Case Managers will help him check on the status of his food stamps, to reapply for general assistance, and to apply for PCN Medicaid.

d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month:

If possible the probation officer could ask the client to review the ABC theory and ask about his drug relapse plan during their next visit. Please remind him to pick up his medications each month and to take them as directed.

Mr. Doe was good at making most of his payments this month. Please remind him of the need to take his medications, attend treatment and make his copays.

e. If continued treatment is recommended, discuss the plan for next month (Recommended Not Recommended):

During the next month we will first focus on his basic needs such as helping him fill out paperwork for disability, finding a place to live, and transportation in our case management sessions. During treatment we will focus on his thinking errors and relapse prevention plan which would include finding a positive support network.

f. Discuss your observations of the client's behavior and commitment to treatment (Positive Negative):

Mr. Dow in in the contemplation stage of change. This is evident through his report of coming to the understanding of his problems and having a desire to make changes.

g. Risk of danger to self or others:

No current risk of danger to self or others known. His risk reduction action plan is to develop his relapse prevention plan and take his medications as prescribed.
Mr. Doe had a meeting with APRN Dr. XYZ on 10/30/17 where he admitted to forgetting to take medications as prescribed and agreed with the recommendation to increase his daily dose next month if the lab report looks good. Current medications: Prozac 40 mg, Trazodone 100 mg, Luvox 100 mg.

h. Overall Progress: Acceptable Unacceptable

SIGNATURE OF COUNSELOR

DATE

11/8/2017

APPROVAL SIGNATURE



DATE

11/9/2017