

## THERAPEUTIC REHABILITATION GROUP NOTE

NAME:	DATE:	TIME STARTED:	TIME ENDED:
TYPE OF GROUP:	<input type="checkbox"/> Social Skills <input type="checkbox"/> Problem-Solving <input type="checkbox"/> Moral Development <input type="checkbox"/> Anger Management <input type="checkbox"/> Medication Education <input type="checkbox"/> Recovery Principals <input type="checkbox"/> Self-care <input type="checkbox"/> Independent Living <input type="checkbox"/> Lifestyle Changes		
MEDIUM:	<input type="checkbox"/> Audiovisual <input type="checkbox"/> Demonstration <input type="checkbox"/> Discussion <input type="checkbox"/> Handouts <input type="checkbox"/> Experiential		
BARRIERS TO TREATMENT:	<input type="checkbox"/> None <input type="checkbox"/> Acuity of illness <input type="checkbox"/> Cognitive <input type="checkbox"/> Emotional <input type="checkbox"/> Physical <input type="checkbox"/> Cultural <input type="checkbox"/> Language		
FOCUS OF GROUP: _____			
RELEVANT TREATMENT PLAN TREATMENT GOAL:			
PATIENT'S AFFECT:	<input type="checkbox"/> Normal	<input type="checkbox"/> Flat	<input type="checkbox"/> Anxious
PATIENT'S MOOD:	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Sad	<input type="checkbox"/> Irritable
	<input type="checkbox"/> Irritable	<input type="checkbox"/> Depressed	<input type="checkbox"/> Euphoric
			<input type="checkbox"/> Labile
			<input type="checkbox"/> Other:
PATIENT DEMONSTRATED THE FOLLOWING DURING GROUP:	<input type="checkbox"/> Cooperative/Compliant <input type="checkbox"/> Attentive/Focused <input type="checkbox"/> Able to Follow Directions <input type="checkbox"/> Positive Attitude <input type="checkbox"/> Positive Peer Interaction <input type="checkbox"/> Maintained Boundaries <input type="checkbox"/> Inattentive <input type="checkbox"/> Dominated group <input type="checkbox"/> Required Redirection <input type="checkbox"/> Required Multiple Redirections <input type="checkbox"/> Negative Attitude <input type="checkbox"/> Resistive <input type="checkbox"/> Defiant <input type="checkbox"/> Provoking <input type="checkbox"/> Verbally Aggressive <input type="checkbox"/> Assaultive <input type="checkbox"/> Withdrawn/Isolated <input type="checkbox"/> Self-Harmful <input type="checkbox"/> Poor Boundaries <input type="checkbox"/> Male/ <input type="checkbox"/> Female Focused <input type="checkbox"/> Sexual Acting Out Behaviors		
PROVIDE EXPLANATION OF BEHAVIORS, WHEN NECESSARY: _____			
PATIENT RESPONSE TO THERAPEUTIC GROUP: _____			
PROGRESS TOWARDS TREATMENT GOAL:			
<input type="checkbox"/> Patient was able to exhibit progress toward treatment goal by demonstrating appropriate behavior and processing during the group <input type="checkbox"/> Patient was not able to exhibit progress toward treatment goal due to:			
ASSIGNED STAFF'S SIGNATURE: _____			

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