

# State of Oklahoma BH Progress Note Elements

Member Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Minutes \_\_\_\_\_

Type of Service: \_\_\_\_\_ Proc Code: \_\_\_\_\_ Group: St-Clt Ratio: \_\_\_\_\_

Summary Note: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Response to and Participation in Session: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider's actions in session: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goals/Objectives Addressed (note progress or barriers): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Need(s), Goal(s), Objective(s) Identified: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Service Provider Name & Credentials