

NORTH COUNTRY COMMUNITY MENTAL HEALTH

1 Stressors and/or Extraordinary Events: Yes No (If yes, describe)

Phone Contact

2 Consumer indicated changes in medical condition and/or medications, health and safety: Yes No

3 Mental Status: No significant change from last visit Not assessed

Affect: Remarkable Unremarkable

Orientation: Remarkable Unremarkable

Mood: Remarkable Unremarkable

Behavior: Remarkable Unremarkable

Thought Process: Remarkable Unremarkable

4 Danger to: None Self Property Others

5 Today's Presenting Issues: None

6 Goals/Support Addressed Per PCP:

Goal 1 Objective A Objective B Objective C

Goal 3 Objective A Objective B Objective C

Goal 2 Objective A Objective B Objective C

Goal 4 Objective A Objective B Objective C

7 For CSM's: Monitoring Linking Coordinating Advocating Assessing

8 Interventions Provided:

9 Progress Toward Measurable Desired Outcome: (Address which goal(s) and quantify)

10 Signatures:

CMH Representative

Date

Other

Date

Other

Date

Other

Date

Start Time	Stop Time	Duration	Location	Activity Code	Cost Center
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Consumer Name

ID #

Date

PROGRESS/ACTIVITY NOTE