



DISC Village, Inc.
Progress Notes
(Adult Civil Citation)

Program: _____

Consumer Name: _____ **MIS #:** _____

Date: _____ **Start Time:** _____ **Duration:** _____

Summary of Services	
<p>Treatment: Treatment Service – Examples: Individual Counseling, Family Counseling, etc. Location: Examples: Office, Home, Jail, etc. Presentation of Consumer: Significant Events, Changes in Mood or Appearance, Changes in Delivery of Services that support individual plan Objective: Treatment Plan Objective(s) addressed – Examples: 4c – Triggers, 2a –Family Communication, etc. Therapy Type: Select the type of therapy used. Must select at least 1 from Row A. Row B is optional. Select all that apply. Intervention: Describe Interventions and Techniques Used. Examples: Reflective Listening, Role Playing, Matrix Workbook Activity 6, etc. Response: Level of Participation, Response of consumer to intervention and response of counselor to any concerns of the consumer Example: John stated he was concerned about temptation to use at an upcoming social event. I reminded him of the triggers exercise we did and encouraged him to employ some of the techniques he learned. Progress toward completion of goals and objectives. Example: Susan is making good progress on her goal of furthering her education as evidenced by the 3 school admission applications she completed this week. Plan: What will happen between now and next session. Example: Susan will continue to apply to schools in her area and we will discuss this more at our next session. Susan's next appointment is 2/4/11.</p>	
Treatment	
Location	
Presentation	
Objective	
Therapy Type	A: <input type="checkbox"/> Cognitive-Behavioral <input type="checkbox"/> Insight-Oriented <input type="checkbox"/> Supportive B: <input type="checkbox"/> Motivational Enhancement <input type="checkbox"/> Other:
Intervention/ Techniques	
Response	
Progress	
Plan	
Signature	Date of Signature:
Printed Name/Credential	