

Reesa Test ♀ TEST

Birthdate: 07/13/1986

Allergies: No known allergies/NKA

Weekly Progress Note ©MBHC/Kipu

Start and End Time	Start time	End time
	<input type="text"/>	<input type="text"/>

Detox	Int. Inpt.	Residential	PHP	IOP	OP
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Type of Session	Individual	Group
	<input type="checkbox"/>	<input type="checkbox"/>

ATTENDANCE:	Attended	Refused	Left Group	Absent/ReasonON
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

GENERAL APPEARANCE	Unkempt	Appropriate
	<input type="checkbox"/>	<input type="checkbox"/>

BEHAVIORS:	Assertive	Attention Seeking	Agitated	Aggressive	Motivated
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resistive	Dissociated	Paranoid	Hostile	Grandiose/Instigating	Isolative
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somatic	In Denial	Insightful	Secretive	Manipulative	Withdrawn
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other					
<input type="checkbox"/>					

MOOD/AFFECT	Angry	Anxious	Flat	Restless	Sad/tearful	Labile	Blunted
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inappropriate	Euphoric	Calm	Other				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Depressed	Severely Depressed	Less Depressed					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Evidenced by
<input type="text"/>

THOUGHT PROCESS/CONTENT	Alert	Oriented	Tangential	Disorganized
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delusions	Hallucinations	Loose Association	Circumstantial	Flight of Ideas_
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="text"/>			

LEVEL OF PARTICIPATION/MOTIVATION	High	Medium	Low
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Progress noted	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other	<input type="text"/>	

Staff intervention/plan

**Therapeutic value/benefit for
client/Response/Comments**