

Music Therapy Progress Notes - WAIVER

County: _____ Program Name: WAIVER[CES] Medicaid #: _____
Pt. Name: Medicaid Client Case #: _____
Visit Date: _____ Client DOB: 01-01-2000
Time in: 12:00 AM Time Out: 12:00 AM Total time: 45 Unit Amount: 3
Therapist: Amanda Ortiz

Location of therapy: Client's home ffffffff Session Type: Treatment

Persons present: ssss

Activity/Description of Contact:

naenano

Specific Skills received and method used to train client in skills:

ssss

Client's response to service being provided(observations):

ssss

Summary of activities and behaviors during the Services/Description of the contact:

ssss

Specific interventions used:

ssss

Goals/objectives addressed:

ssss

Progress or Lack of progress/outcomes of the contact:

sssss

Goal focus/plan for next session:

ssssss

Therapist Signature: _____
Amanda Ortiz

Music Therapist
Credential

Date

Supervisor Signature: _____

Credential

Date