

Appendix D – Service Note Templates

TCM/ICC Care Plan Narrative

This writer provided case management services to assist the client in accessing the following needed service(s):

The service activities included:

This writer collaborated with the following person(s) to develop the goal(s) of this case management service:

Identified course of action:

Youth Assessment Update Service Note Template

This clinician met with client/family to complete an assessment of the client's strengths and needs. Please see CANS and PSC assessments dated _____. The client continues to meet access criteria and this clinician recommends the following treatment plan for the next six months: (weekly therapy, case management services as needed, medication support services as directed, etc.) **OR** The client has met their treatment goals and is ready to transition to a lower level of care; this clinician will work with the parent to connect the client with a CenCal provider.

Progress Summary Service Note Template

Current status of presenting problem (describe client's current symptoms and progress in treatment since last review):

Current substance use:

Current challenges/barriers to treatment:

Who are the people involved in the client's life and treatment:

Are Releases of Information in place?

Referrals needed/offered:

Changes in medical status since last review:

Primary care and specialty care providers:

Outreach to health care providers since last review:

Annual labs completed?

Is client currently pregnant?

Risk factors/safety plan:

Follow-up plan/next steps:

Discharge Summary Service Note Template

Reason for discharge: (Utilize one: Administrative discharge, Client not appropriate for treatment, Deceased, Discharged against medical advice, Disengaged from services/Non-compliant with treatment, Incarcerated, Involuntary discharge, Moved Out of Area, Never engaged in services, Services no longer needed, Transfer to higher level of care, Transfer to lower level of care, Transferred to a different program)

Summarize treatment and closing discussions/client contact attempts:

Medication Support Service Note Template for Medication Manager

Reason for today's visit:

Services provided: Medication refills, injectable ordered/administered, patient education, care coordination, lab reviews, etc.)

Ordering MN/DO/NP:

Name of pharmacy (for refill verification):

Interval History (describe any relevant events since last visit, symptoms reported, adherence to medication, side effects):

List any new problems identified:

Vital Signs (enter vitals on New Entry Flow Sheet document)

Next Steps: Referrals provided/needed, Follow up appointment