**Access Behavioral Health**

**3307 Caldwell Blvd. Suite 104**

**Nampa, ID 83651**

**208 338-469**

# CM

*Notes should reflect strengths based approach, and using existing skills to build on to assist the client in reaching goals.*

**Client:**

Next Scheduled Session:

*When is the next appointment, this need to be identified on note and in your schedule*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *FF*    *Phone*    *Comm* | Individuals in Attendance: Client Guardian Other:  *Who was directly involved in the treatment session?*    Risk Assessment:   |  |  |  | | --- | --- | --- | | Suicidal | Homicidal | Gravely Disabled | | No Risk | Other: | |     Goal(s) addressed: *Goal as identified on treatment plan*  Limitations Identified: *What is impacting their ability to reach identified goal?*  Strengths Identified: *Strengths the client has to assist them or can be built on to reach the identified goal.*  Intervention/Action: *What did you do with the client to assist them in reaching their goal or meeting identified need? Who did you link them to, advocate with, or educate them on?*  Progress: *What progress did they make towards goal or meeting need? what barriers do they still face in reaching goal?*   |  |  |  | | --- | --- | --- | | Referral Made: | | No Referral needed  *Did you refer the client to someone or somewhere? who/where was it?* | |  |  |  | |