

UFSHC PROGRESS REPORT

Client:
 Responsible Party:
 DX/ICD-9#:
 Types of Service and Schedule:
 Functional Outcome Goal:

DOB:
 Address:

File #

Dates of Service
 Phone Number:
 Initial Evaluation:
 # Sessions Attended:

Report Period Goals - Projected Outcome	Initial Status As of Date:	Ending Status As of Date:
Summary/Comments (assessment, new goals, reason for discharge)		
Recommendations:		
Type of Service: Frequency of Service: Projected Service Duration: Prognosis:	<input type="checkbox"/> Continue Current Goals <input type="checkbox"/> New Goals (See comments) <input type="checkbox"/> Functional Outcome Goal Met <input type="checkbox"/> Discontinue Treatment Services <input type="checkbox"/> Refer to:	Supervising Clinician and Date Signed:
		Graduate Clinician: