

### PROGRESS NOTE

Date: \_\_\_\_\_ Telephone contact:  Y  N Time Spent\* (Hrs:Mins): \_\_\_\_\_

Procedure Code: \_\_\_\_\_

**MHS Activity Type:**  Assessment  Individual Tx  PsyT  Medication Mgmt  Team Conf/Case Conference  
 TCM  Crisis Int

Group Tx, # of Clients Represented \_\_\_\_\_ Group Topic: \_\_\_\_\_

Date of last HIV Medical Visit: \_\_\_\_\_ Adherent to HIV Medication:  Y  N

Continued (Sign & Complete claim information on last page of note)

\_\_\_\_\_  
**Signature & Discipline** **Date** **Co-signature & Discipline** **Date**

This confidential information is provided to you in accord with applicable Welfare and Institutions Code Section. Duplication of this information for further disclosure is prohibited without the prior written consent of the patient/authorized representative to who it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

**Client Name:**  
  
**Los Angeles County-Department of Public Health**  
**Division of HIV and STD Programs**

\*Adapted from the Los Angeles County Department of Mental Health