North Shore Mental Health
Intensive Case Management
Progress Notes

Provide your full signature and title after each entry

Suggested DAP: Data (D): Content of service, what actually happened. Assessment (A): Provider assessment / interpretation of what happened, including assessment of client status, progress and barriers to progress. Plan (P): Plans for upcoming services, including plans on building upon documented progress and addressing barriers to progress.

DATE	BEGIN/ END	PLACE	TYPE OF SERVICE	GOAL #	NAME OF CLIENT:

Provider Name:_____

2/06

(Typed or Printed)