

**PROGRESS NOTES**

CLIENT'S NAME: \_\_\_\_\_ MEDICAID NUMBER: \_\_\_\_\_

| DATE | DOCUMENTATION OF ACTIVITY | SIGNATURE |
|------|---------------------------|-----------|
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |
|      |                           |           |