Client Progress Notes

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| **PERSONAL INFORMATION** | | | | | | | | | | |
| **Client First Name** | |  | | | | **Last Name** | |  | | |
| **Date of Birth(MM/DD/YYYY)** | |  | | **Age** |  | **Place of Residence** | | **Private Home** **Care Facility** | | |
| **Address** |  | | | | | | **Room/Apt #** |  | **Phone** |  |
| **Person in Charge of Care Decisions** | | |  | | | | | **Phone/Email** |  | |

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| **Date of Report** | **Report #** | **Condition / Issue Reported** | **Was a Health Professional Consulted?** | **Received Prescription** | **Physician Name (if required)** |
|  |  |  | Yes No | Yes No |  |

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| **DATE-MM/DD/YYYY** | **TIME** | **PROGRESS NOTES** | **NAME OF CARE WORKER** | **INITIALS** |
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| **Client Name** |  | | | **Report #** |  |
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| **Client Name** |  | | | **Report #** |  |
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| **Client Name** |  | | | **Report #** |  |
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