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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