**ADH/CDH Monthly Progress Report**

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| **Member Name:**  | **Support Coordinator’s Name:** **Email Address:**  |
| **Provider Name:**  | **Month & Year:**  |

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| **Objective 1:**  **Completed \_\_\_ Progress Made \_\_\_\_ No Progress \_\_\_\_****Objective 2:** **Completed \_\_\_ Progress Made \_\_\_\_ No Progress \_\_\_\_** |

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| **Comments and description of progress or lack of progress:** |

**Recreational/Leisure/Community Activities:**

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| **Date:**  | **Event/Activity:** | **Comments:** |
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**Visits with family and friends:**

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| **Date:**  | **Event/Activity:** | **Comments:** |
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**Medical doctor visits: Name of Doctor/ Date/ Reason/ Results**

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| **Doctor:** | **Specialty:** | **Date:** | **Reason:** | **Results:** |
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**List any Medication Changes from Previous Report Period:**

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| **Date:** | **Change:** |
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| **Any new medical issues we should be aware?**  |

 **Behavioral health visits with psychiatrist, nurse practitioner, etc:**

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| **Doctor:** | **Date:** | **New issue:** | **Comments:** |
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| **Briefly describe any incident reports submitted this month?**  |

**List any contacts made with the member’s school, vocational or day programs:**

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| **Date:** | **Location:** | **Contact:** | **Reason:** | **Comments:** |
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| **List any unmet needs the individual may have:**  |

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| **Areas of growth, changes in behavior and special incidents during report period:** |

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| **Number of days living in the developmental home this month: \_\_\_\_** **Number of days in the hospital this month: \_\_\_\_** **Reason for hospitalization:** |

**This form Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**