

**Sutton Place Behavioral Health, Inc.**  
**Psychosocial Rehabilitation Progress Note**

Client: \_\_\_\_\_ CID #: \_\_\_\_\_ Date: \_\_\_\_\_ Site of Service: ☐ Hilliard  
☐ Fernandina

Service Type	Begin Time	End Time
Psychosocial Rehabilitation		

**Specific Problem/Behaviors/Skill Deficits Identified**

- ☐ Activities of daily living ☐ Anger Management ☐ Anxiety ☐ Depression ☐ Employment Problems  
☐ Family Conflicts ☐ Financial Needs ☐ Grief & Loss ☐ Health Issues ☐ Intimate relationship conflicts  
☐ Medication Management ☐ Obsessive-Compulsive Disorder ☐ Paranoia ☐ Recreational Deficits  
☐ Self Determination Deficits ☐ Social Anxiety ☐ Social Skills Deficit  
☐ Other \_\_\_\_\_

**Observations:**

Affect: ☐ Appropriate ☐ Broad ☐ Constricted ☐ Blunted ☐ Flat ☐ Sad ☐ Fearful  
☐ Angry ☐ Irritated ☐ Anxious ☐ Happy ☐ Other \_\_\_\_\_  
Grooming / Hygiene: ☐ Appropriate ☐ Other \_\_\_\_\_  
Interaction with staff: ☐ Appropriate ☐ Cooperative ☐ Resistant ☐ Other \_\_\_\_\_  
Interaction with peers/others: \_\_\_\_\_  
Medication issues: ☐ NA ☐ Other: \_\_\_\_\_

**Activities in Groups (check all that apply)**

- ☐ Orienting (info about services, treatment options, confidentiality, informed consent, possible pros/cons of treatment)  
☐ Maintenance/Assistance of daily living skills ☐ Food planning and preparation ☐ Nutritional activities  
☐ Maintenance of the living environment ☐ Psycho-education ☐ Fitness Activities  
☐ Behavior Interventions ☐ Anger Mgt. ☐ Self-esteem ☐ Safety Planning ☐ Educational Activities  
☐ Vocational Activities ☐ Medication education/use ☐ Money Management  
☐ Assistance accessing community supports ☐ Leisure/recreational activities ☐ Substance Abuse Education  
☐ Other/Activities: \_\_\_\_\_

**Activities rehabilitation counselor provided to enhance/support client's skills:**

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**Response to activities:** ☐ Engaged ☐ Grasps concepts ☐ Assertive ☐ Passive ☐ Aggressive ☐ Resistant

**Plan:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service Provider Printed Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_