

**EXAMPLE**  
**PROGRESS NOTE AND TREATMENT PLAN REVIEW**

**CLIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Type and amount of services received:

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Documentation of the participation of others:

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Monitoring of physical and mental health problems:

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**Dimension 1: acute intoxication/withdrawal potential**      **Risk Level:** \_\_\_\_\_

Progress: \_\_\_\_\_

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Were the strategies to address the goals effective? \_\_\_\_\_yes \_\_\_\_\_no

Treatment updates needed? \_\_\_\_\_yes \_\_\_\_\_no

Client notified and agrees with change? \_\_\_\_\_yes \_\_\_\_\_no

**Dimension 2: biomedical conditions and complications** Risk Level:\_\_\_\_\_

Progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were the strategies to address the goals effective? \_\_\_\_\_yes \_\_\_\_\_no

Treatment updates needed? \_\_\_\_\_yes \_\_\_\_\_no

Client notified and agrees with change? \_\_\_\_\_yes \_\_\_\_\_no

**Dimension 3: emotional/behavioral/cognitive** Risk Level:\_\_\_\_\_

Progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were the strategies to address the goals effective? \_\_\_\_\_yes \_\_\_\_\_no

Treatment updates needed? \_\_\_\_\_yes \_\_\_\_\_no

Client notified and agrees with change? \_\_\_\_\_yes \_\_\_\_\_no

**Dimension 4: readiness for change** Risk Level:\_\_\_\_\_

Progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were the strategies to address the goals effective? \_\_\_\_\_yes \_\_\_\_\_no

Treatment updates needed? \_\_\_\_\_yes \_\_\_\_\_no

Client notified and agrees with change? \_\_\_\_\_yes \_\_\_\_\_no

**Dimension 5: relapse/continued use/problem potential**      **Risk Level:\_\_\_\_\_**

Progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were the strategies to address the goals effective? \_\_\_\_\_yes \_\_\_\_\_no

Treatment updates needed? \_\_\_\_\_yes \_\_\_\_\_no

Client notified and agrees with change? \_\_\_\_\_yes \_\_\_\_\_no

**Dimension 6: recovery environment**      **Risk Level:\_\_\_\_\_**

Progress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were the strategies to address the goals effective? \_\_\_\_\_yes \_\_\_\_\_no

Treatment updates needed? \_\_\_\_\_yes \_\_\_\_\_no

Client notified and agrees with change? \_\_\_\_\_yes \_\_\_\_\_no

\*If the client has an individual abuse prevention plan it must be reviewed and evaluated as part of the treatment plan review.

\_\_\_\_\_  
**Counselor Signature**

\_\_\_\_\_  
**Date**