Recovery Phase

Clinician:

Client:

Date: - - (d m yr)

Present:
☐ Client ☐ Family:
☐ Other:

Location:
☐ Office
☐ Other:

Client	Family	Topics See education/psychosocial intervention section for overviews and handouts.	Progress Notes
☐	☐	Psychosis	
☐	☐	Etiology	
☐	☐	Early Intervention	
☐	☐	Medication	
☐	☐	Psychosocial Treatments	
☐	☐	Stress Management	
☐	☐	Relapse Prevention - develop prevention plan as early on as possible	
☐	☐	Social Functioning	
☐	☐	Lifestyle	
☐	☐	Goal Setting	
☐	☐	Problem Solving	
☐	☐	Drugs and Alcohol	
☐	☐	Persistent Symptoms	
☐	☐	*Other (please indicate):* _____	
		Individualized Care and Reintegration	
		• *Document:*	
☐		Progress made	
☐		Obstacles encountered	
☐		Revisions to individualized care or reintegration plans	
		Ongoing Assessment	
		• *At least every 3 months:*	
☐		Assessment update completed using Update Template	
☐		2-Com completed by client	
☐		Assess family impact and well-being	
☐		Review relapse prevention plan	
		Other Care	
		• *Maintain regular contact with:*	
☐		General physician	
☐		Other care providers	
		• *Provide based on need or readiness*	
☐		Referrals for other services	
☐		Groups for client	
☐		Groups for family	
		• *If prolonged recovery is suspected*	
☐		Consult with psychiatrist	
☐		Document plans to change course	

Please assess the following for every visit. Describe any changes or problems in notes.

Mental Status	☐ no change	☐ improvement	☐ deterioration
Functioning	☐ no change	☐ improvement	☐ deterioration
Stress	☐ no change	☐ diminished stress	☐ increased stress/life event
Medication	☐ no problems	☐ side effects	☐ adherence issues