PROGRESS AND EVENT NOTE DOCUMENTATION IN THE MEDICAL RECORD

1. Purpose. All progress notes written in the medical records of residents at Florida State Hospital shall be written in compliance with Florida State Hospital Manual 130-1. Progress notes are to:

   a. provide a chronological picture of the resident's clinical course;
   b. document all treatment rendered to the resident, including response to and outcome of treatment;
   c. document the implementation of an individualized Recovery Plan and revisions when necessary;
   d. describe changes to the resident's psychological and/or physical condition;
   e. describe responses to and outcome of treatment;
   f. describe a summarization of findings and recommendations;
   g. describe reason(s) for medication use, adjustments, and discontinuances;
   h. describe adverse effects of and comments on the psychotherapeutic medication administered;
   i. document goal progression/regression or achievement;
   j. provide a legally credible document of resident activities during hospitalization; and
   k. provide baseline data on the resident which can be used as a source of comparison in evaluating changes in the resident's psychological and/or physical condition;

2. Scope: This procedure applies to all progress notes written in the medical records of residents at Florida State Hospital.

3. Training Requirements: Employees working in psychology, social services, rehabilitation therapy, direct care, psychiatry, medical, nursing, dental, recovery team leaders, and providing direct services in the Rehabilitation Services Department will be trained on this operating procedure upon hire during New Employee Education; during Discipline-Specific Education; and by their supervisor each time the operating procedure is revised.

This operating procedure supersedes: Operating Procedure 151-6, dated August 26, 2008
Office of Primary Responsibility: Health Information Manager
Distribution: Florida State Hospital Computer Network Users
4. **References.**
   


c. Children and Families Operating Procedure 155-39, “Guidelines for Progress Note Documentation in the Medical Record at State Mental Health Treatment Facilities.”

5. **General Instructions.**
   
a. Progress notes must be written only in black or blue permanent ink. Ball-point, rather than felt-tip, pens are recommended.

b. Correct any errors in charting by drawing a thin pen line through the entry, write "error" above it, sign your name (first initial and last name), title, date and time, and document the correct information. **NEVER** completely obliterate the error by marking through it, writing over an entry, and **NEVER** use "white-out.”

c. Entries should be made as soon as possible after an event or observation is made. An entry should never be made in advance. Entries must be dated at the date and time they are made. If an entry is made out of chronological order, it should be documented as a late entry.

d. Late entries should be made whenever unusual circumstances prevent timely entry. They must reflect the actual date and time the entry is being made, and begin with “LATE ENTRY for ....” (time and date of the occurrence).

e. Document entries on the next available line. Never skip lines or leave blank spaces when charting. There must be a continuous flow of information without gaps or extra space between documentation. When ending an entry, staff shall either sign the entry and draw a single line to the end of the right margin, thus eliminating any blank spaces, or draw a single line and then sign the entry at the end of the right margin. It is important not to leave any blank spaces. A new form should not be started until all previous lines are filled. If blank lines or spaces have been left, draw a single diagonal line through them.

   If for some reason the ward chart is unavailable and staff need to document on the progress note, then a new form should be started. When the ward chart becomes available the new form will be filed in chronological order and if there are lines available on the previous page they must be crossed off by drawing a diagonal line through them.

f. “Event” is used to designate entries related to initial observations and other services not related to listed issues.

g. Progress notes must be concise, specific descriptions of an observation. **NEVER** make value judgments when charting. Subjective interpretations must be supplemented with a description of the data assessed in order to make the interpretation.

h. Use only Florida State Hospital approved abbreviations when charting. (Refer to Florida State Hospital Operating Procedure 151-27, “Medical Records Abbreviation List.”)
i. Never use another resident's name in the medical record. When it is necessary to refer to another resident, refer to him/her by either first name and last initial or preferably by hospital number. This will maintain the confidentiality of the resident to whom you are referring should the medical record be subpoenaed or reviewed by someone other than a Florida State Hospital employee.

j. Progress notes shall not be used to voice complaints about other staff. The progress note shall be a compilation of factual and objective information about the resident.

k. If an incident occurs, document the facts of the occurrence in the progress notes. Do not chart that a Resident Incident Report (Form 44) has been completed or refer to the report in the chart.

l. Use either a narrative note or a modified S.O.A.P. (Subjective, Objective, Assessment, and Plan) format when charting.

S/O: Combine subjective and objective data--any observations, complaints or direct quotes

A: Assessment of data

P: Plan for intervention

m. When writing a S.O.A.P. (Subjective, Objective, Assessment, and Plan) or narrative note, use direct quotes from the resident. This not only provides accurate data, it also assists the reader in actually assessing the feeling/tone of the interaction.

n. Authors must always make and sign their own entries. An author should never make an entry or sign an entry for someone else or vice versa.

o. Progress notes written as a group note, such as the Recovery Team Note, shall always be signed first by the person that physically writes the progress note and then by the other members of the Recovery Team that participated, in no particular order.

p. An addendum is a type of late entry that is used to provide additional information in conjunction with a previous entry. With this type of correction, a previous note has been made and the addendum provides additional information to address a specific situation or incident. With an addendum, additional information is provided, but would not be used to document information that was forgotten or written in error. When making an addendum:

(1) document the current date and time;

(2) write “addendum” and state the reason for the addendum, referring back to the original entry;

(3) identify any sources of information used to support the addendum;

(4) when writing an addendum, complete it as soon after the original note as possible.
(See Florida State Hospital Operating Procedure 151-22, “Access and Amendment to Resident Medical Records and Designated Record Sets,” for guidelines regarding resident amendments to the medical record.)

4. Documentation Requirements

a. A narrative admission progress note shall be written upon admission by the psychiatrist or psychiatric Advanced Registered Nurse Practitioner, the admitting nurse, social services staff, psychologist staff, and direct care staff. The psychiatrist or psychiatric Advanced Registered Nurse Practitioner shall write the admission note on Form 64, Medical/Psychiatric Progress Note (Attachment 1). The nurse and direct care staff shall write their admission note on Form 52, Progress and Event Note (Attachment 2). The social services staff shall write the admission note on Form 621, Social Services Progress Note/Summary (Attachment 3). The psychologist staff shall write the admission note on Form 269, Psychology Admission Evaluation (Attachment 4). These admission notes will be filed permanently in the Admission section of the ward chart.

b. Goal-directed progress notes must be written weekly for the first month/four (4) weeks (except Unit 14A will remain 8 weeks) of hospitalization and monthly thereafter by the attending physician or psychiatric Advanced Registered Nurse Practitioner, and nurse.

c. An Annual Comprehensive Psychiatric Evaluation, Form 2 (Attachment 5), will be completed on or before the anniversary of the resident’s admission date (but not more than 30 days before) for residents that have been at Florida State Hospital for a year or more.

When an Annual Comprehensive Psychiatric Evaluation is completed, the required monthly progress note is not required for that month. The Annual Evaluation will suffice for the monthly note.

d. Progress notes must be written by a designated direct care staff at least daily for the first seven (7) days of hospitalization, weekly for the next three (3) weeks and monthly thereafter. (Document on Form 52, Progress and Event Note.)

e. Monthly Summaries: After the first four (4) weeks, at a minimum, monthly summaries are written by ALL staff assigned specific goals, objectives and actions steps on the Recovery Plan.

f. Progress notes must be written whenever a significant change occurs in the resident’s condition.

g. In addition to the interdisciplinary Progress and Event Note form there are other Florida State Hospital progress note forms which have specific instructions on the form:

(1) Form 220, Psychiatric Progress Note (Attachment 6); Form 63, Monthly Medical Summary (Attachment 7).

(2) Form 78, Monthly Progress Notes--Nursing (Attachment 8). See Florida State Hospital Operating Procedure 152-5.5, "Nursing Documentation," for instruction regarding nursing progress note documentation (Note: This form can also be used to document weekly nursing notes).

(3) Form 621, Social Services Progress Note/ Summary (Attachment 3).
(4) Form 624, Psychology Progress Note (Attachment 9).

(5) Form 92, Behavioral Progress Report (Attachment 10).

(6) Form 253, Service Provider Progress Note (Attachment 11). Progress notes completed quarterly and annually by a Rehabilitation Therapy designee must be co-signed by the Rehabilitation Supervisory staff.

(7) Form 86, Substance Abuse Services Progress Note (Attachment 12).

h. Psychotherapeutic Medication:

(1) Prior to ordering psychotherapeutic medications for a resident, the attending physician/psychiatric Advanced Registered Nurse Practitioner will document, on the Physician's Orders sheet (and in the progress notes if more space is needed), the target symptoms to be treated and any diagnosis that may have been determined, and this documentation should provide a clear rationale for treatment.

(2) Psychotherapeutic medication progress notes are written by the attending physician or psychiatric Advanced Registered Nurse Practitioner who has written the initial psychotherapeutic order, or is continuing an order (this includes admission orders). These notes will be completed by the attending physician or Advanced Registered Nurse Practitioner minimally every week for four (4) weeks if no more changes are made when a psychotherapeutic is initiated, increased or decreased (outside of range of informed consent). The weekly notes shall be documented on Form 220, Psychiatric Progress Note. On new admissions to Florida State Hospital, these weekly psychotherapeutic notes will suffice for part of the required weekly admissions notes, however, weekly notes for four (4) weeks are required by the attending physician or psychiatric Advanced Registered Nurse Practitioner for all Florida State Hospital admissions. Unit 14A will require weekly notes for eight (8) weeks.

(3) After the initial stage, the attending physician or psychiatric Advanced Registered Nurse Practitioner will review the resident's psychotherapeutic therapy and progress at least monthly, and document on Form 220, Psychiatric Progress Note. This documentation must include the effects of the treatment, rationale for increasing or decreasing dosage, rationale for continuing or discontinuing treatment, and the effects of the treatments in relation to the resident's Recovery Plan.

(4) For residents that have been at Florida State Hospital for a year, an annual comprehensive psychiatric evaluation will be completed on or before the anniversary of that admission. This evaluation will be completed on Form 2, Annual Comprehensive Psychiatric Evaluation (Attachment 5).

When an Annual Comprehensive Psychiatric Evaluation is completed, the required monthly psychiatric progress note is not required for that month. The annual evaluation will suffice for the monthly note.

(5) Registered Nurses/Licensed Practical Nurses/Physician Assistants will document in the progress notes their observations of psychotherapeutic medication treatments relative to the medication's effects on mood, thinking, and behavior. Registered Nurses/Licensed Practical Nurses/Physician Assistants will document in the progress notes their observations of adverse reactions and side effects or other signs or symptoms which would indicate undesirable results of the psychotherapeutic medication therapy. Such observation will
also be appropriately reported to the attending physician or psychiatric Advanced Registered Nurse Practitioner in an expedient manner.

(6) Direct care staff will accurately record the resident’s observable actions and/or changes, particularly for residents receiving psychotherapeutic medications, and will report immediately unusual or unexpected reactions or behavior to the appropriate nurse, and document notification. Direct care staff will document in the progress notes their observation of residents after the start of psychotherapeutic medication treatment, relative to before treatment began. Registered Nurses have the responsibility of providing direct care staff with training relative to observing for such reactions or behavior.

(7) Allied professionals (human service counselors, rehabilitation therapists, psychology staff, and other professionals in regular contact with residents) will document unusual observable physical and mental behaviors regarding residents receiving psychotherapeutic medications.

i. All Hospital employees having occasion to receive relevant information from a resident's family, friends, or guardian concerning the resident's progress will document this information.

7. Instructions.

a. Write progress notes only on Form 52 (Attachment 2), except for progress summaries which are documented on forms designated for the various disciplines described in paragraph 4 above.

b. Be certain that addressograph (identifying) information (resident’s name and number) has been stamped on front and back of form.

c. Enter the date (month, day, and year) and sidereal time of writing the notation in the appropriate column. You must chart the time of observation of entry. Designating the time of entry as shift charting (i.e., 7-3 shift, 3-11 shift, or 11-7 shift) is not acceptable.

d. Enter the discipline in which you are employed at Florida State Hospital (see key on progress and event note form) in appropriate column.

e. Enter the issue number to which your progress note relates or is goal-directed. If you are making an initial observation or an entry related to an issue not yet listed on the Ongoing Issues list, enter “Event.”

f. Enter your progress note either in the narrative or modified S.O.A.P. (Subjective, Objective, Assessment, and Plan) format. Do not leave blank lines or empty spaces. Write legibly, print or in script.

g. Sign your first name or initial, last name, and professional title at the close of the entry. Your signature must be written, not printed. Physicians shall apply their name stamp when they sign any entry in the medical record.
SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL
This procedure was revised to change the requirement for weekly notes on new admissions, and to update the attachments with current forms.
Each Note Shall be Dated and Signed with the Name, Title and Discipline of the Person Making the Note.

<table>
<thead>
<tr>
<th>Date &amp; Hour</th>
<th>Discip. (see key)</th>
<th>Issue/Need/Event</th>
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</thead>
</table>

**PROGRESS NOTES**

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**INSTRUCTIONS:** To be used by psychiatrists/clinical associates, and dentists to record progress of resident. Date and hour (sidereal time), discipline key, issue/need/event number, signature and title must be included. Clinical associates should use discipline key of preceptor. If weekly or monthly summaries are written on this form, they should be identified as such.

To be filed at top of “Psychotropic Meds” section of the ward chart.

---

**KEY:**
- M - Medical
- P - Psychiatric
- T - Dental

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**IDENTIFYING INFORMATION:**

***CONFIDENTIAL & PRIVILEGED INFORMATION***

FLORIDA STATE HOSPITAL, CHATTANOOCHEE, FL 32324

From 64, (Revised) Apr 05

Office of Primary Responsibility: Clinical Director

FLORIDA STATE HOSPITAL

Attachment 1

Page 1 of 2

Operating Procedure 151-6
<table>
<thead>
<tr>
<th>Date &amp; Hour</th>
<th>Discip. (see key)</th>
<th>Issue/Need/Event</th>
<th>PROGRESS NOTES</th>
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*** CONFIDENTIAL & PRIVILEGED INFORMATION *** FOR PROFESSIONAL USE ONLY ***
FLORIDA STATE HOSPITAL, CHATTAHOOCHEE, FL 32324

From 64, (Revised) Apr 05
FLORIDA STATE HOSPITAL
Office of Primary Responsibility: Clinical Director

Attachment 1
Page 2 of 2
Operating Procedure 151-6
### INSTRUCTIONS:

To be completed by the responsible person or staff member recording a progress summary or an event, in accordance with established guidelines.

File in the Progress Notes section of ward chart.

**USE THIS SIDE FIRST.**

After form is completed -- file other side up.

### KEY:

- A -- Administration
- AL -- Allied Health
- D -- Dietitian
- N -- Nurse
- H -- Pharmacist
- Y -- Psychologist
- Q -- QMHP
- R -- Rehabilitation
- SW -- Social Work
- ST -- Recovery Team
- U -- UTR/HSW/Aides

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**CONFIDENTIAL & PRIVILEGED INFORMATION** **FOR PROFESSIONAL USE ONLY**

**PROGRESS AND EVENT NOTES**

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Disc.</th>
<th>Issue/ Need/ Event</th>
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Form 52, (Revised) Jan 07  
Office of Primary Responsibility: Quality Assessment & Planning  
Operating Procedure 151-6
<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Disc.</th>
<th>Issue/Need/Event</th>
<th>PROGRESS AND EVENT NOTES</th>
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** CONFIDENTIAL & PRIVILEGED INFORMATION ** FOR PROFESSIONAL USE ONLY **
**ADMISSION/TRANSFER NOTE**

<table>
<thead>
<tr>
<th>DATE:</th>
<th>LEGAL STATUS:</th>
<th>Incompetent</th>
<th>Competent</th>
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**COMMITMENT STATUS:**

- Voluntary
- Involuntary
- Incompetent to Proceed (ITP)
- Not Guilty by Reason of Insanity (NGI)

**GUARDIAN STATUS:**

- Does Not Apply
- Pending
- Advocate
- Person
- Property

### A. SIGNIFICANT BEHAVIOR/INCIDENTS (exhibited over the past 30 days—give date of one incidence):

<table>
<thead>
<tr>
<th>Incident</th>
<th>Yes</th>
<th>No</th>
<th>Date Documented</th>
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<tbody>
<tr>
<td>Physical Aggression</td>
<td></td>
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<tr>
<td>Verbal Aggression (threatening)</td>
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<tr>
<td>Self Injurious Behavior</td>
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<td>Inappropriate Sexual Behavior</td>
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<td>Property Destruction</td>
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<td>Theft</td>
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<tr>
<td>Trafficking/Trading/Contraband</td>
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**Other Maladaptive behaviors exhibited (Specify:):**

### B. SPECIAL MANAGEMENT (give date of one incidence):

<table>
<thead>
<tr>
<th>Management</th>
<th>Yes</th>
<th>No</th>
<th>Date Documented</th>
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<tbody>
<tr>
<td>Comfort Room</td>
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<tr>
<td>15 Minute Checks</td>
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<tr>
<td>Constant Visual Observation (CVO)</td>
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<tr>
<td>1:1 Special</td>
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<tr>
<td>Seclusion</td>
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<td>Restrained</td>
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<tr>
<td>Other (Specify)</td>
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### C. FAMILY/FINANCIAL SUPPORT:

- Family involved?  No  Yes
- Family visited this period?  No  Yes
- Financial Support: Medicaid eligible?  No  Yes
- Medicare eligible?  No  Yes
- Receiving Social Security?  No  Yes
- (If Yes, amount: $______)
- In suspense?  No  Yes
- Receiving Supplemental Security Income (SSI)?  No  Yes
- (If Yes, amount: $______)
- In suspense?  No  Yes
- Veteran’s Benefits?  No  Yes
- (If Yes, amount: $______)
- Personal Care Fund (PCF)?  No  Yes
- Personal allowance amount:  N/A  $50  $75  $100
- Discussed by Recovery Team on (date): __________

### D. ADVANCE DIRECTIVE:

- N/A (legally incompetent)  No  Yes
- Completed directive date: __________
- If no Advance Directive, date of last competency evaluation (p.1, Form 632): __________

**INSTRUCTIONS:**
To be completed by an assigned social services staff within 30 days of admission and at least every 30 days thereafter. See Florida State Hospital Operating Procedure 151-17 for Pre-Recovery Plan schedule.

Upon transfer to another unit, an electronic copy of the current Progress note will be forwarded to the receiving Social Services Staff.

To be filed in the Progress Note section in the ward chart.

**ADDRESSOGRAPHER:**

<table>
<thead>
<tr>
<th>NAME:</th>
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<tbody>
<tr>
<td>FILE NUMBER:</td>
</tr>
<tr>
<td>Unit:</td>
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**CONFIDENTIAL & PRIVILEGED INFORMATION *** FOR PROFESSIONAL USE ONLY **

Form 621, (Revision) Aug 09

FLORIDA STATE HOSPITAL

SOCIAL SERVICES

PROGRESS NOTE/SUMMARY

Attachment 3

Page 1 of 2

Operating Procedure 151-6
E. PRE-RECOVERY PLAN MEETING WITH THE RESIDENT: □ No □ Yes

1. Issue # __: Objective: ________________________ Action Step: ________________________

Meeting date: ____________
Resident participated? □ No □ Yes
Resident declined? □ No □ Yes
Resident agreed with Objective? □ No □ Yes
Resident agreed to attend group, counseling, etc.? □ No □ Yes
Yes

Resident and staff discussed progress toward objective: □ No □ Yes
Progress? □ No □ Yes
Objective met? □ No □ Yes

Resident Perspective:
Do you participate in your scheduled activity? □ No □ Yes
Do you think you are making progress toward the Objective? □ No □ Yes
If not, do you have any suggestions on how we can assist so you can make Progress next quarter?

Discussed: Assessment? □ No □ Yes
Attendance? □ No □ Yes
Relationship between service and role recovery goal? □ No □ Yes

Modifications/New Objective? □ No □ Yes
If Yes, list: ____________________________

2. Issue # __: Objective: ________________________ Action Step: ________________________

Meeting date: ____________
Resident participated? □ No □ Yes
Resident declined? □ No □ Yes
Resident agreed with Objective? □ No □ Yes
Resident agreed to attend group, counseling, etc.? □ No □ Yes
Yes

Resident and staff discussed progress toward objective: □ No □ Yes
Progress? □ No □ Yes
Objective met? □ No □ Yes

Resident Perspective:
Do you participate in your scheduled activity? □ No □ Yes
Do you think you are making progress toward the Objective? □ No □ Yes
If not, do you have any suggestions on how we can assist so you can make Progress next quarter?

Discussed: Assessment? □ No □ Yes
Attendance? □ No □ Yes
Relationship between service and role recovery goal? □ No □ Yes

Modifications/New Objective? □ No □ Yes
If Yes, list: ____________________________

F. LIVING ENVIRONMENT ALTERNATIVE PREFERENCES (LEAP):

Date of last Community Case Manager Contact: ____________________________
(□ Telephone □ Mail □ E-mail □ Facsimile □ Face-to-Face)

Environments: (per Community Case Manager & Recovery Team agreement)

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
<th>Telephone #</th>
<th>Contact Person</th>
<th>Type of Facility*</th>
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<tbody>
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Progress toward obtaining environments: (include Case Manager’s comments if 3 are not available list date, if Liaison contacted):

Date request mailed to Community Case Manager:

G. ADDITIONAL INFORMATION/IMPRESSIONS (to include Resident Strengths, Needs, Abilities, and Preferences):

N/A □
INSTRUCTIONS: To be completed by psychology department staff within 30 days of admission phase in accordance with Florida State Hospital Manual 130-1. Include summary description of resident presentation, recommendations, and resident’s perspective on recovery or documentation of resident’s cognitive impairments that preclude ability to participate. Signature, title, and date completed should be entered as the last line of this narrative.

To be filed in the “Admission/Discharge” section of the ward chart.

*** CONFIDENTIAL & PRIVILEGED INFORMATION *** FOR PROFESSIONAL USE ONLY ***

FLORIDA STATE HOSPITAL, CHATTAHOOCHEE, FL 32324

PSYCHOLOGY ADMISSION EVALUATION
Attachment 4
Page 1 of 2
Operating Procedure 151-6
A. DIAGNOSES (Axis I-V):
Axis I--

Axis II--

Axis III--

Axis IV--

Axis V—Current __________________________ On Admission __________________________

B. COURSE OF TREATMENT over the past year to include medical and psychiatric progress towards Expected Outcomes:

INSTRUCTIONS: Psychiatrist or psychiatric Advanced Registered Nurse Practitioner to complete annually for individuals at Florida State Hospital. This form is to be completed on or prior to the anniversary date of admission, but no more than 30 days before the anniversary date. A monthly Psychiatric Progress Note is not required for the month this evaluation is completed.
To be filed in the Psychotropic Meds section of the ward chart.
C. MENTAL STATUS EXAMINATION:
   1. Appearance, Attitude, Behavior and Abnormal Movements:

   2. Ability to Relate with Examiner:

   3. Speech (rate and volume):

   4. Orientation (person, place, time, and situation):

   5. Thought Processes:

   6. Thought Content:

   7. Mood and Affect:

   8. Memory (immediate, recent, and remote):

   9. Calculation and Abstraction:

   10. Insight and Judgment:

D. CURRENT PSYCHOTHERAPEUTIC MEDICATIONS:

<table>
<thead>
<tr>
<th>Name/Dose/Frequency</th>
<th>Target Symptoms</th>
<th>Effectiveness</th>
<th>Date Started</th>
</tr>
</thead>
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</tbody>
</table>

E. OTHER MEDICATIONS (Non-Psychotherapeutic) (names only):
F. PSYCHOTHERAPEUTIC MEDICATION SIDE EFFECTS:


G. PSYCHOTHERAPEUTIC MEDICATIONS DISCONTINUED THE PAST YEAR (date discontinued and reason):


H. LABORATORY TESTS (as indicated by type of medications or individual's medical condition):


I. RISK FACTORS:

Physical Health:

Potential for Suicide:

Potential for Aggression:

Co-occurring Substance Abuse:


J. CAN THIS RESIDENT PROVIDE EXPRESS AND INFORMED CONSENT FOR TREATMENT AT THIS TIME?

☐ YES  ☐ NO

K. CURRENT STATUS/PROGRESS OF RESIDENT RELATIVE TO TARGET SYMPTOMS:

☐ To early to access  ☐ Unchanged  ☐ Improving  ☐ Stable  ☐ Decompensating

Comments:


L. CURRENT UPDATE DISCUSSED WITH:  ☐ Resident  ☐ Guardian/Guardian Advocate  ☐ Recovery Team


RESIDENT'S NAME & NUMBER:

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M. RESIDENT’S PERSPECTIVE REGARDING PROGRESS AND TREATMENT: □ Agree □ Disagree

Comments:

N. STRENGTHS:

NEEDS:

ABILITIES:

PREFERENCES:

O. PLAN OF TREATMENT/RECOMMENDATIONS:
A. ☐ WEEKLY NOTE-- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 (5-8 for Unit 14A ONLY) ☐ MONTHLY NOTE (Month ____________)

B. AXIS I – III DIAGNOSES:

C. MENTAL STATUS EXAMINATION (Use descriptive terms/examples):
1. Appearance/Behavior/Psychomotor Activity:
2. Speech:
3. Mood:
4. Affect/Emotional Response:
5. Thought Process:
6. Thought Content:
7. Sensorium/orientation:
8. Cognition/Intellectual Functioning:
9. Memory/Mini-Mental State Exam (MMSE):
10. Insight & Judgment (give supportive information):

INSTRUCTIONS: To be completed by the attending psychiatrist or psychiatric ARNP every week for four (4) weeks upon admission to FSH (except Unit 14A, which will complete for eight [8] weeks). Monthly notes will be written after the completion of the weekly notes. A MONTHLY NOTE WILL NOT BE REQUIRED DURING THE MONTH IN WHICH THE ANNUAL COMPREHENSIVE PSYCHIATRIC EVALUATION IS COMPLETED. DESCRIPTIVE TERMINOLOGY SHOULD BE USED IN ALL SECTIONS OF THE FORM.

ADDRESSOGRAPH: *** CONFIDENTIAL & PRIVILEGED INFORMATION *** FOR PROFESSIONAL USE ONLY

***
D. POTENTIAL FOR SUICIDE:
POTENTIAL FOR HOMICIDE:
POTENTIAL FOR AGGRESSON:
POTENTIAL FOR SELF-INJURIOUS BEHAVIOR (SIB):
POTENTIAL FOR ELOPEMENT/ESCAPE:
ABILITY TO SOCIALIZE:

E. SIGNIFICANT LABORATORY/TEST RESULTS, INCLUDING DATES (past 30 days):

<table>
<thead>
<tr>
<th>F. Psychotherapeutic Medication Treatment Plan</th>
<th>Dosage/Frequency</th>
<th>Date Initiated</th>
<th>Target Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

G. ALTERNATIVE THERAPIES WERE CONSIDERED BEFORE PSYCHOTROPICS WERE ORDERED (Explain decision):

H. MEDICATION SIDE EFFECTS / ADVERSE EFFECTS (if significant, must be discussed with resident, legal guardian, or guardian advocate):

Last AIMS Rating & Date:
I. SUMMARY (Includes the following):

Overall Progress (Is resident improving, unimproved, decompensated, etc.? Explain):

Resident’s Perspective regarding progress and treatment:

Rationale for Treatment (Current medication and treatment regimen):

Plan of Action (Include plans for medication continuation or changes, referrals, alternative treatment, expected outcome of treatment, discharge planning, etc.):

__________________________________________________________

SIGNATURE & TITLE                                                                                               DATE

RESIDENT’S NAME & NUMBER: __________________________

*** CONFIDENTIAL & PRIVILEGED INFORMATION *** FOR PROFESSIONAL USE ONLY

FLORIDA STATE HOSPITAL, CHATTahoochee, FL 32324
1. Current Axis III Diagnosis: ________________________________
   ________________________________

2. ___ Resident has No current medical issues.

3. General condition in the past month including changes in weight, diet, nutritional status, activity level, elimination, menses (if applicable), vital signs.

   Weight: Current _____________    RBW ______________                Height: ________________
   Vital Signs: ________________________________
   Diet: ________________________________
   Nutritional Status: ________________________________
   Comments: ________________________________

4. Problems (Medical):  (If applicable include appropriate lab reports, x-rays, procedures, consults/referrals.)
   a. Active medical issues/needs:
      1) Medication/Treatment: ________________________________
      2) Results of treatment in the past 30 days: ________________
      3) Plan for future treatment: ________________________________
   b. Active medical issues/needs:
      1) Medication/Treatment: ________________________________
      2) Results of treatment in the past 30 days: ________________
      3) Plan for future treatment: ________________________________

INSTRUCTIONS:  Medical Physician completes this form monthly, with no more than 31 days interval, on each resident. If additional space is needed for problems or comments, attach Form 289, “Monthly Medical Summary--Addendum.”

File behind Medical/Psychiatric Progress Notes in the “Psychotropic Meds” section of the ward chart.

Reference Operating Procedure 151-6, “Progress and Event"
4. Problems (Medical): (cont.)

c. Active medical issues/needs: _______________________________________________________

1) Medication/Treatment: ____________________________________________________________

2) Results of treatment in the past 30 days: ____________________________________________

3) Plan for future treatment: _______________________________________________________

d. Active medical issues/needs: _______________________________________________________

1) Medication/Treatment: ____________________________________________________________

2) Results of treatment in the past 30 days: ____________________________________________

3) Plan for future treatment: _______________________________________________________

e. Active medical issues/needs: _______________________________________________________

1) Medication/Treatment: ____________________________________________________________

2) Results of treatment in the past 30 days: ____________________________________________

3) Plan for future treatment: _______________________________________________________

f. Active medical issues/needs: _______________________________________________________

1) Medication/Treatment: ____________________________________________________________

2) Results of treatment in the past 30 days: ____________________________________________

3) Plan for future treatment: _______________________________________________________

5. Comments: ________________________________________________________________

_________________________________  _____________  ____________________________________  _____________

SIGNATURE & TITLE                              DATE                                  SIGNATURE & TITLE                                 DATE
MONTH ____________ YEAR ____________

INFORMED CONSENT/COURT ORDER/ETO CURRENT (mark one): ☐ Yes ☐ No (If No, notify psychiatrist.)

1. ALLERGIES: ________________________________________________________________

2. LIST CURRENT MEDICATIONS, DOSAGE, AND TIME:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Date</th>
<th>Dosage</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valproic Acid</td>
<td>Date</td>
<td>Phenobarb</td>
<td>Date</td>
</tr>
<tr>
<td>Dilantin</td>
<td>Date</td>
<td>Tegretol</td>
<td>Date</td>
</tr>
<tr>
<td>Lithium</td>
<td>Date</td>
<td>Other</td>
<td>Date</td>
</tr>
</tbody>
</table>

3. Rate items related to thinking, mood and behavior either observed or reported since the last weekly/monthly nursing progress note indicating the frequency beside item (using the following key: 0=Never, 1=Occasionally, 2=Frequently, 3=Continuously), and in the comment section give a description and examples of the item when relevant.

   a. Thinking/Perception:
      - Stabilized
      - Disorganized
      - Hallucinations
      - Disorientation
      - Delusions
      - Stereotypal
      - Preoccupation
      - Lack of Insight
      - Tangential
      - Suicidal ideation
      - Lack of Judgment
      - Poor Attention
      - Unusual Thought Content
      - Difficulty in Abstract Thinking
      - Somatic Complaints
      - Lack of Spontaneity and Flow of Conversation

   Treatment Issue #: _______  Meets objective: Yes ____ No ____

   Comments:

INSTRUCTIONS: The nurse will complete monthly according to FSH Operating Procedure 152-5.5, “Nursing Documentation.” File behind the Progress/Event Notes in the Progress Note section of the ward chart. If additional space is needed for summary, attach “Monthly Progress Note--Nursing--Addendum.”

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FLORIDA STATE HOSPITAL, CHATTAHOOCHEE, FL 32324

Form 78, (Revised) Feb 04

Office of Primary Responsibility: Nursing Management Team
3. (cont.) (Key: 0=Never, 1=Occasionally, 2=Frequently, 3=Continuously)

   b. Affective/Mood:

<table>
<thead>
<tr>
<th>Appropriate</th>
<th>Stable</th>
<th>Depression</th>
<th>Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate</td>
<td>Blunted</td>
<td>Mania</td>
<td>Mild</td>
</tr>
<tr>
<td>Anger/Hostility</td>
<td>Guilt</td>
<td>Labile</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Severe</td>
</tr>
</tbody>
</table>

   Treatment Issue #: _____  Meets objective: Yes ____  No ____

   Comments:

   c. Behavior:

<table>
<thead>
<tr>
<th>Cooperative</th>
<th>Assaultive</th>
<th>Motor Retardation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable</td>
<td>Social Avoidance</td>
<td>Poor Impulse Control</td>
</tr>
<tr>
<td>Appearance Well-Groomed</td>
<td>Suicidal Gestures</td>
<td>Appropriate Interaction</td>
</tr>
<tr>
<td>Appearance Poorly Groomed</td>
<td>Self Injurious</td>
<td>Initiates Interaction</td>
</tr>
<tr>
<td>Uncooperative</td>
<td>Poor Rapport</td>
<td>Emotional Withdrawal</td>
</tr>
<tr>
<td>Disruptive</td>
<td>Loss of Appetite</td>
<td>Sexually Inappropriate</td>
</tr>
<tr>
<td>Mannerisms</td>
<td>Self Neglectful</td>
<td>Destructive of Property</td>
</tr>
<tr>
<td>Overactivity</td>
<td>Lack of Initiative</td>
<td>Verbally Threatening</td>
</tr>
<tr>
<td>Insomnia</td>
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</tr>
</tbody>
</table>

   Treatment Issue #: _____  Meets objective: Yes ____  No ____

   Comments:

   d. Description of effects of drug therapy on specific symptoms related to thinking, mood, and behavior:

   e. Motivation and Learning:

<table>
<thead>
<tr>
<th>Increased</th>
<th>No Change</th>
<th>Decreased</th>
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</table>

   Change is thought to be related to psychotropic medication effect. Yes ____  No ____

4. INDICATE BY YES, NO, OR N/A IF THERE ARE CHANGES IN AREAS ADDRESSED BY THE NURSING ASSESSMENT SINCE LAST PROGRESS NOTE. IF YES, EXPLAIN SIGNIFICANT CHANGES AND ACTIONS TAKEN OR RATIONAL FOR NO ACTION IN THE NARRATIVE SECTION.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>RECORD VITAL SIGNS:</th>
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<tbody>
<tr>
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<td>Blood Pressure</td>
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<td>Temperature</td>
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<td>Pulse</td>
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<td>Respiration</td>
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<td>Weight</td>
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<td>Usual Body Weight</td>
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<td>Hygiene</td>
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<td>Physical Disabilities</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Nutritional Status/Diet</th>
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<tr>
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<td>Prosthetic Devices</td>
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<td>Elimination</td>
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<td>Skin</td>
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<td>Hydration</td>
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<td>Sleep Patterns</td>
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<td>Changes in Sexual Function</td>
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<td></td>
<td></td>
<td></td>
<td>i.e., Menstrual Cycle</td>
</tr>
</tbody>
</table>
PRE-SIP MEETING: Yes ___  No ___.
All information in #5 and #6 below were discussed with the resident: Yes ___  No ___

5. MEDICATION EDUCATION/MANAGEMENT:
   a. ___ No Medication
   b. ___ No side effects/adverse reactions during past month
   c. ___ Side effects/adverse reactions during month. Describe: ___________________________________________

   ___ Received treatment for side effects/adverse reactions during month. List: ______________________________________

   d. ___ Medication changes
   e. Treatment Issue # ___, Medication Education/Management deficit. (check if applicable)
      ___ Receiving medication instruction 1:1 gradually as able to comprehend.
      ___ Refuses medication class ___ times per week.
      ___ Phase One ___ Phase Two ___ Phase Three
      ___ Not recommended to advance--reason: _________________________________________________________________
      ___ Recommended to advance but refused.
      ___ Knowledgeable in regard to:
         ___ Medication name ___ Medication side effects ___ Signs and symptoms of illness
         ___ Medication time ___ Related interventions ___ Preventing side effects
         ___ Medication dosage ___ Target symptoms ___ Preventing relapse (med. compliance)
         ___ Progress toward objective--reason: _________________________________________________________________
      ___ Lack of progress toward objective--reason: ___________________________________________________________

6. MEDICAL/NURSING ISSUES IDENTIFIED IN ONGOING TREATMENT/REHABILITATION ISSUES LIST, SERVICE PLAN AND/OR TEMPORARY MEDICAL/OTHER SERVICE NEEDS LIST:
   a. ___ No Current Medical/Nursing Issues
   b. Issue/Need #/Letters: ______________________________________________________________
   c. Narrative Section: Status of Issues/Needs by Number/Alphabetical Letter and Review of Nursing Intervention (Reflect Progress/Lack of Progress for Each Specific Issue/Need/Objective and Reason for Same). If pre-SIP meeting, also include assessments results, resident’s perspective and feelings, proposed new or revised service objectives including the relationship of services proposed toward achieving the goal, interventions or action steps that have been proposed, and resident’s involvement and agreement. (Use Addendum, Form 79, if necessary.)

DATE: __________  TIME: ______  NURSE’S SIGNATURE/TITLE: ____________________________

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FLORIDA STATE HOSPITAL, CHATTahoochee, FL 32324

RESIDENT’S NAME AND NUMBER: ________________________________
<table>
<thead>
<tr>
<th>MENTAL STATUS (check all that apply):</th>
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<tbody>
<tr>
<td>ORIENTATION:</td>
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<tr>
<td>APPEARANCE:</td>
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<tr>
<td>MOOD:</td>
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<tr>
<td>AFFECT:</td>
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<tr>
<td>THOUGHT PROCESS:</td>
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<tr>
<td>MEMORY:</td>
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<td>IDEATION:</td>
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<tr>
<td>BEHAVIOR:</td>
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<tr>
<td>SPEECH:</td>
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<tr>
<td>☐ rambling</td>
</tr>
<tr>
<td>HALLUCINATIONS:</td>
</tr>
<tr>
<td>DELUSIONS:</td>
</tr>
<tr>
<td>RESPONSE STYLE:</td>
</tr>
<tr>
<td>☐ random response</td>
</tr>
</tbody>
</table>

**Barriers to competency to proceed for ITP resident (check all that apply):**

☐ factual
☐ rational
☐ behavioral
☐ psychiatric
☐ not applicable

**ADDRESSOGRAPH**

---

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Florida State Hospital, Chattahoochee Fl 32324

Form 624, (Revised) Nov 09

Florida State Hospital
Office of Primary Responsibility: Quality Assessment & Planning

Page 1 of 3

Operating Procedure 151-6
PROGRESS REPORT FOR MONTH AND YEAR: __________________________

Level status: __________________________ (1st week) __________________________ (2nd week) __________________________ (3rd week) __________________________ (4th week)

Freedom of movement: __________________________ (1st week) __________________________ (2nd week) __________________________ (3rd week) __________________________ (4th week)

Appearance Check: __________________________ (1st week) __________________________ (2nd week) __________________________ (3rd week) __________________________ (4th week)

Behavior Issues: __________________________

Target Behavior Issues: (1) __________________________
(2) __________________________
(3) __________________________

Total Behaviors This Month

- Assault /Attempted Assault
- Stealing
- Elopement
- Threats
- Life threatening Act
- Sexual Misconduct
- Suicidal Attempt
- Minor Property Damage
- Self Injuries
- Personally Intruding
- Sexual Assault
- Target Behavior (1)
- Major Property Damage
- Target Behavior (2)
- Weapons Possession
- Target Behavior (3)
- Restrictive Movement

Restrains: 2 point ________
4 point ________
1:1 special: __________________________

Behavior Program: __________________________ (Date started) __________________________ (Date ended)

INSTRUCTIONS: Completed by the 10th working day of each month by Behavior Program Specialist

Distribution:
Original – File in Progress Note section of ward chart
1st copy – Behavior Program Specialist notebook

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FLORIDA STATE HOSPITAL, CHATTANOOCHEE, FL 32324

Form 92, (Revised) Apr 08 FLORIDA STATE HOSPITAL
Office of Primary Responsibility: Unit 27

BEHAVIORAL PROGRESS REPORT
Attachment 10
Page 1 of 2
Page 1 of 2
Operating Procedure 151-6
**CONFIDENTIAL & PRIVILEGED INFORMATION**

**FOR PROFESSIONAL USE ONLY**

**BEHAVIORAL PROGRESS REPORT**

FLORIDA STATE HOSPITAL

Attachment 10

Page 2 of 2

Operating Procedure 151-6

---

**RESIDENT’S NAME & NUMBER:**

Current Medication/Changes: 

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Dose</th>
<th>Date</th>
<th>Name</th>
<th>Dose</th>
</tr>
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<tbody>
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</tbody>
</table>

(Increased, Decreased, New, Discontinued)

Resident Observations:

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Dose</th>
<th>Date</th>
<th>Name</th>
<th>Dose</th>
</tr>
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</table>

Training Sessions:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
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</tbody>
</table>

Progress Toward Recovery Plan Objectives:

<table>
<thead>
<tr>
<th>Issue #</th>
<th>No Progress</th>
<th>Progress</th>
<th>Met Objective</th>
<th>Objective Changed</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Monthly Summary and Resident’s Perspective Regarding Services received:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
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</tbody>
</table>

Signature and Title/Date: ____________________________

---

Form 92, (Revised) Apr 08

Office of Primary Responsibility: Unit 27

FLORIDA STATE HOSPITAL

Page 2 of 2

Operating Procedure 151-6
## Service Area:

### Role Recovery Goal:

### Issue:

### Objective:

<table>
<thead>
<tr>
<th>Monthly Note</th>
<th>Pre-Recovery Plan</th>
<th>Recovery Plan Date:</th>
</tr>
</thead>
</table>

### Progress Toward Recovery Plan Objective:

<table>
<thead>
<tr>
<th>Progress toward Objective:</th>
<th>Made</th>
<th>Not Made</th>
</tr>
</thead>
</table>

---

**INSTRUCTIONS:** Record progress at least monthly in accordance with documentation standards. Service Providers must complete and sign the form. Rehabilitation supervisors must review progress notes completed by designees. Completed forms should be sent to the unit for filing in the Progress Note section of the ward chart. Reference Florida State Hospital Operating Procedure 151-6.

---

**CONFIDENTIAL & PRIVILEGED INFORMATION*** FOR PROFESSIONAL USE ONLY***

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**Office of Primary Responsibility:** Quality Service Planning

---

**Florida State Hospital, Chattahoochee FL 32324**
OBJECTIVE: ____________________________________________________________

GENERAL INFORMATION:

SUBSTANCE ABUSE TREATMENT TYPE: □ Motivation □ Education □ Skills □ Maintenance LOCATION ____________

□ Monthly Note □ Pre-RP Meeting Only □ Monthly Note and Pre-RP Meeting Combined SIP DATE ____________

PERIOD COVERED ___________ to ___________ HOURS SCHEDULED _____ HOURS ATTENDED _____

PARTICIPATION

☐ Grasps recovery concepts ☐ Is attentive and participates some but not every session

☐ Relates recovery information to self ☐ Pays attention but has to be prompted to interact verbally

☐ Comments appropriately on topic ☐ Attention level poor

☐ Participates actively without prompting ☐ Does not engage in service or relate recovery information to self

BEHAVIOR

☐ Cooperative and open to attending group ☐ Unable to remain seated (gets up and down or paces)

☐ Behavior is appropriate for setting ☐ Behavior is inappropriate (argumentative, hostile, sexual, etc.)

☐ Easily distracted or fidgets ☐ Disrupts group but can be redirected

☐ Distracting behavior does not appear intentional ☐ Behavior is extremely disruptive and difficult to redirect

INFORMATION RELATED TO PARTICIPATION AND OBSERVED BEHAVIOR:

INSTRUCTIONS: Substance Abuse Service Provider records progress at least monthly and Pre-RP meetings as appropriate. Check all boxes that apply and complete each narrative section. Completed original is filed in the Progress Note section of the ward chart.

** CONFIDENTIAL & PRIVILEGED INFORMATION *** FOR PROFESSIONAL USE ONLY **

FLORIDA STATE HOSPITAL, CHATTAHOOCHEE, FL 32324

Form 86, (Revised) Oct 06

Office of Primary Responsibility: Quality Service Planning
RESIDENT’S NAME AND NUMBER: ____________________________________________________

ASSESSMENT OF PROGRESS TOWARD COMPLETION OF OBJECTIVE:
(Mark One)
☐ Good Progress                           ☐ Continue Current Objective
☐ Satisfactory Progress                   ☐ Objective Accomplished
☐ Minimal Progress                        ☐ New Objective Submitted
☐ No Progress                             ☐

STATE SPECIFIC EVIDENCE OF:
PROGRESS, COMPLETION OF OBJECTIVE, INPUT INTO SELECTION OF OBJECTIVE, OR INPUT INTO PROGRESS EVALUATION

PLAN:
☐ Continue Enrollment In Service
☐ Enrollment Terminated Due To
☐ Other
☐ Recommend Referral To

STATE PLANS:
TO ADDRESS CURRENT PROBLEMS, COMPENSATE FOR LIMITATIONS, PROMPT PROGRESS, OR DESCRIBE OTHER PLANS

OTHER COMMENTS: (OPTIONAL)

SERVICE PROVIDER’S SIGNATURE: ____________________________ DATE: ________________