



**SUBSTANCE ABUSE PREVENTION AND CONTROL
PROGRESS NOTE (SOAP FORMAT)**

DMS-5 DIAGNOSIS(ES)

ASAM DIMENSION(S)

Please choose the dimension(s) that this note addresses

- Dimension 1
 Dimension 2
 Dimension 3
 Dimension 4
 Dimension 5
 Dimension 6

SOAP FORMAT

S - Subjective:

Patient statements that capture the theme of the session. Brief statements as quoted by the patient may be used, as well as paraphrased summaries.

O - Objective

Observable data or information supporting the subjective statement. This may include the physical appearance of the patient (e.g., sweaty, shaky, comfortable, disheveled, well-groomed, well-nourished), vital signs, results of completed lab/diagnostics tests, and medications the patient is currently taking or being prescribed.

A - Assessment

The counselor's or clinician's assessment of the situation, the session, and the patient's condition, prognosis, response to intervention, and progress in achieving treatment plan goals/objectives. This may also include the diagnosis with a list of symptoms and information around a differential diagnosis.

P - Plan

The treatment plan moving forward, based on the clinical information acquired and the assessment.

If the patient's preferred language is not English, were linguistically appropriate services provided?

- Not Applicable
 Yes
 No, Please Explain:

Provider Name:

Provider Signature:

Date:

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Client Name:

Medi-Cal ID:

Treatment Agency:

**SUBSTANCE ABUSE PREVENTION AND CONTROL
PROGRESS NOTE (GIRP FORMAT)**

DMS-5 DIAGNOSIS(ES)

ASAM DIMENSION(S)

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- Dimension 1
 Dimension 2
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 Dimension 6

GIRP FORMAT

G - Goal

Patient's current focus and/or short-term goal, based on the assessment and treatment plan.

I - Intervention

Provider's methods used to address the patient's statements, the provider's observations, and the treatment goals and objectives.

R - Response

The patient's response to intervention and progress made toward individual plan goals and objectives.

P - Plan

The treatment plan moving forward, based on the clinical information acquired and the assessment.

If the patient's preferred language is not English, were linguistically appropriate services provided?

- Not Applicable
 Yes
 No, Please Explain:

Provider Name:

Provider Signature:

Date:

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**SUBSTANCE ABUSE PREVENTION AND CONTROL
PROGRESS NOTE (SIRP FORMAT)**

DMS-5 DIAGNOSIS(ES)

ASAM DIMENSION(S)

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Dimension 1
 Dimension 2
 Dimension 3
 Dimension 4
 Dimension 5
 Dimension 6

SIRP FORMAT

S - Situation

Patient's presenting situation at the beginning of intervention. May include counselor/clinician observations, patient's subjective report and the intervention setting.

I - Intervention

Provider's methods used to address the patient's statements, the provider's observations, and the treatment goals and objectives.

R - Response

The patient's response to intervention and progress made toward individual plan goals and objectives.

P - Progress

The treatment plan progress made toward treatment goals and objectives, as well as the plan for future interventions as determined by the clinical picture.

If the patient's preferred language is not English, were linguistically appropriate services provided?

Not Applicable
 Yes
 No, Please Explain:

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Provider Signature:

Date:

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**SUBSTANCE ABUSE PREVENTION AND CONTROL
PROGRESS NOTE (BIRP FORMAT)**

DMS-5 DIAGNOSIS(ES)

ASAM DIMENSION(S)

Please choose the dimension(s) that this note addresses

Dimension 1
 Dimension 2
 Dimension 3
 Dimension 4
 Dimension 5
 Dimension 6

BIRP FORMAT

B - Behavior

Patient statements that capture the theme of the session and provider observations of the patient. Brief statements as quoted by the patient may be used, as well as paraphrased summaries that closely adhere to patient statements. Provider observations may include the physical appearance of the patient, vital signs, results of completed lab/diagnostics tests, and medications the patient is currently taking or being prescribed.

I - Intervention

Provider's methods used to address the patient's statements, the provider's observations, and the treatment goals and objectives.

R - Response

The patient's response to intervention and progress made toward individual plan goals and objectives.

P - Plan

The treatment plan moving forward, based on the clinical information acquired and the assessment.

If the patient's preferred language is not English, were linguistically appropriate services provided?

Not Applicable
 Yes
 No, Please Explain:

Provider Name:

Provider Signature:

Date:

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