



After Visit Planning



Staff name: _____ Client ID: _____ Today's date: _____

Visit date: _____ Visit location: _____ Visit length: _____

Who was present at this visit? _____

What family goals did you focus on during this visit? What progress has been made for each goal? Were any goals met, changed or added?

Note: Planned follow-up should include working with the family, consulting with your Supervisor, Clinician and/or team, as well as coordinating with collaterals.

	PARENTING	RECOVERY	CARE COORDINATION
BRIEF SUMMARY OF WHAT WAS ADDRESSED			
PLANNED FOLLOW UP			
MATERIALS OR RESOURCES NEEDED FOR NEXT VISIT			

How much time did you spend focusing on each area? (give an approximate percentage)

_____ Parenting _____ Recovery _____ Care Coordination

Did you work on the family's Plan of Supportive Care during this visit?

Documentation check:

- Service log complete
- Agency documentation complete
- Releases or screenings filed or entered (if applicable)

