

1 Patient / Client Information

1 CLIENT DETAILS

Name:	_____	Date of Contact:	_____
DOB:	_____	Provider / Case Manager:	_____
Age / Sex:	_____	Service Setting:	_____
MRN / Client ID:	_____	Contact Type:	_____

R Reason for Contact

2 PRIMARY REASON FOR CASE NOTE

Document the primary reason for the case note — the issue addressed during the encounter, referral need, care coordination activity, or patient/client concern...

B Background / Context

3 RELEVANT CONTEXT

Provide relevant context necessary to understand the encounter — current medical, behavioral health, or social needs; recent events affecting care; prior services or interventions; relevant barriers to care...

S Subjective Information

4 PATIENT / CLIENT REPORT

Document information reported by the patient/client, caregiver, family member, or collateral source — stated concerns or goals, reported symptoms or needs, barriers to treatment or follow-up, preferences, limitations, or resources identified...

O Objective Information

5 OBSERVABLE & VERIFIABLE INFORMATION

Document observable or verifiable information — patient/client presentation, attendance or participation, records reviewed, communication with providers/agencies/support systems, measurable updates such as appointment status, benefits, referrals, or service utilization...

I Interventions / Actions Taken

6 SERVICES PROVIDED DURING ENCOUNTER

Document services provided — care coordination, resource linkage, referral initiation or follow-up, patient education, advocacy or communication with other providers, safety planning or crisis support (if applicable)...

A Assessment

7 CLINICAL INTERPRETATION

Provide a concise professional interpretation of the patient/client's current status — current needs and level of support required, progress toward goals, barriers impacting care, risk or safety concerns (if present), medical necessity for continued case management (if applicable)...

PL Plan

8 NEXT STEPS

Outline next steps — referrals to complete, appointments to schedule or attend, documents or records needed, follow-up contacts, responsibilities assigned to patient/client, caregiver, provider, or case manager...

F Follow-Up

9 NEXT CONTACT

Timeframe and purpose of next contact — what will be reassessed or confirmed: _____

PROVIDER / CASE MANAGER NAME

CREDENTIALS / ROLE

DATE

TIME