This guide will focus on entering an Individual Progress note; however, these steps can be followed to enter any individual services. Many of the required fields for each service entry will be similar.

• If you are reaching out to a client to make contact or schedule a session, please use the Case Management note instead of an Individual Progress note.

Video Guidance Part 1 Video Guidance Part 2 Video Guidance Part 3 Routing Services

Breadcrumbs: Client > Case Management > Service Management > Service Entry

- Click Add New.
- Select the program you wish to enter the service under.
- Select the service you wish to enter.

Add New Schedule Event Refresh View Filters Group By Program	
Search events	
New Dawn (05/10/2021 08:00 AM - Current)	-
Online Counseling (08/01/2020 09:00 AM - Current)	
➡ Anger Assessment	
➡ Brief Assessment	
➡ Case Management	
➡ Case Management (M)	
➡ Case Management (S)	
➡ Depression Assessment	
➡ Diabetes Screening	
🛏 Individual Counseling	
➡ Individual Counseling (M)	
➡ Individual Counseling (S)	

Goals and Diagnoses on File

All current diagnoses and goals entered for client will be listed in this section. If a diagnosis or goal is ended, it will no longer appear on the list.

	▲ Go	als and D	Jiagno	ses on File)										
Goals and Diagnoses on File	Curre	nt Goals													
No-Show	Stat	us Date	1	Target Date	Status Goa	al Library D	Descripti	on			Go	al Staten	nent		
Information		Refresh													
Encounter Information	Curre	nt Diagnosi	s												
Completed Information	Axis	Date	Priority	Priority Description	Diagnosis		DSMIV	ICD9	ICD10 Code	ICD10 Term	DSM5 Term	GAF Score	SNOMED Code	SNOMED Term	WA CGAS Score
Diagnoses	1	09/17/2021	1	Primary	PTSD (post-traumatic stress disorder); 309.81; ICD10: F43.10; SNOMED: 4750	05003;	309.81	309.81	F43.10	Post-traumatic stress disorder, unspecified	Posttraumatic stress disorder		47505003	Posttraumatic stress disorder	
Tasks/Schedules					DSM4 Term: Posttraumatic stress disor DSM5 Term: Posttraumatic stress disor										
Service Related Encounter Information	1	06/17/2021	1	Primary	Depression; ICD9: 311; ICD10: F32.9; SJ 35489007; DSM4 Term: Depressive dis NOS; DSM5 Term: Unspecified depress disorder	sorder	311	311	F32.9	Major depressive disorder, single episode, unspecified	Unspecified depressive disorder		35489007	Depressive disorder	

No-Show Information

- **Do Not Bill**: Check this box if the treatment plan was billed on paper or should not be billed through myEvolv
- No Show: Check this box if the service was scheduled and client did not show for appointment
- Attempt to Contact: Complete this field if No Show is Checked
- Reason For: Complete this field if No Show is Checked

Diagnoses on File	No-Show Information			
No-Show Information	Do Not Bill	No Show	Attempt to Contact	Reason For
Encounter			Q	Q

Encounter Information

- Client: This field will automatically fill and cannot be changed
- Event: This field will automatically fill and cannot be changed
- Language Other Than English: Check this box as necessary
- Client Involved: Uncheck this box as needed
- Schedule Services: Future Individual services can be scheduled by completing the required fields in this section.
 - Staff Responsible: This field will automatically fill, however, can be changed
 - Program Responsible: This field will automatically fill, however, can be changed
 - Activity: Use magnifying glass to make selection
 - Scheduled Date/Time: Enter Date of scheduled service
 - **Time**: Enter time of scheduled service
 - **Duration**: Enter estimated duration
 - Other non-required fields can also be completed

No-Show Information	▲ Encounter Information	
Encounter Information	Client Event* Test, Client Individual Courseling	Language Other Than English Client Involved Q □ ☑
Completed Information	Schedule Services	
Diagnoses	Staff Responsible* Program Responsible* Activity* Facility Responsible Scheduled Date/T	ime* Duration* Location Diagnosis Treated Task Actions
Tasks/Schedules	+ Hutchinson, Kathle 🖪 Online Counseling Q Q Q	Time: HHMM Q Q C Actions

How to Enter an Individual Service Ticket

Completed Information

- Is Telehealth: Check this box if the service is provided via Telehealth
- Service Facility: Use magnifying glass to make selection
- Actual Date/Time: Use Calendar/Clock Icons to complete fields
- **Duration**: Enter total time spent with client
- End Date/Time (System Generated): These fields will automatically calculate after saving
- **Completed By**: This field will automatically populate. Use binoculars to edit if necessary
- Location: Use magnifying glass to make selection

Completed	▲ Completed Information									
Information	Is Telehealth		Service Facility*		Actual Date/Time	*		Duration (hh:mm)*		
Diagnoses			code	Q		#	٥	HH:MM		
Tasks/Schedules	End Date/Time (System Gen	erated)	Completed By*		Location*					
Service Related Encounter	m	Ø	Hutchinson, Kathleen Marie	Ä	code		Q			

Diagnosis Treated

Use magnifying glass to select client diagnosis on file treated during session with client.

Information	Diagnosis Treated	
Diagnosis Treated		
Tasks/Schedules	Diagnosis Treated	Second Diagnosis Treated
	Q	Q
Service Related		

Service Related Encounter Information

• **Program Providing Service**: This field should automatically fill. If not, use magnifying glass to make appropriate selection.



Progress Note

Enter the progress note narrative for session. Be sure to use correct note format as trained by supervisor.

▲ Progress Note
Progress Note
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$