



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

**DSM-5 DIAGNOSIS(ES)**

**Opioid Use Disorder: Severe**

**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.

Client reported feeling depressed, but not suicidal, since his bike accident and stated "I didn't care if I was sad with the pills or smack." He stated, "I don't believe in treatment, but I'll give it a try as long as I have help with the cravings." He reported being fearful of relapse due to strong cravings, but stated "I feel better being on Suboxone, it makes the cravings more manageable." He reported residual pain from his bike accident.

**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.

Client was withdrawn and guarded. He participated in group therapy and engaged in the group process with the help of the counselor. He was able to identify two "triggers," such as "seeing the scars from my accident" and "being around other people who use stuff." Withdrawal symptoms have resolved; however, he still has strong cravings despite improvement since starting Suboxone.

**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.

Opioid use: post-withdrawal. Overall, Mr. Doe appears engaged in SUD treatment at this time. He still has strong cravings and is fearful of relapse, but appears to be responding to Suboxone. Unclear if higher dose is necessary – will coordinate with Suboxone prescriber. He continues to report depressive and pain symptoms and would benefit from further mental and physical health follow up, respectively.

**P - Plan**

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

**Substance Use**  
 - Client will continue IOP and MAT as prescribed. He agreed to attend at least 1 Narcotics Anonymous meeting at least 1x per week. Continue Suboxone and coordinating with Suboxone prescriber.  
 - Counselor will refer the client to case management for help with housing and employment.  
**Mental Health**  
 - Given ongoing depressive symptoms, will refer for mental health assessment.  
**Physical Health**  
 - Client will call his PCP to make an appointment by next week.  
 - Refer to case management to f/u to ensure the client made PCP appointment.

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

Not Applicable     Yes     No, Please Explain:

Provider Name:

Greg Lollipop

Provider Signature:

*Greg Lollipop*

Date:

1/28/2016

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to whom it pertains unless otherwise permitted by law.

Client Name:

John Doe

Medi-Cal ID:

123-45-6789

Treatment Agency:

Healing SUD Treatment Center



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

**DSM-5 DIAGNOSIS(ES)**

**Opioid Use Disorder: Severe**

**ASAM DIMENSION(S)**

Please choose the dimension(s) that this note addresses

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

**GIRP FORMAT**

<p><b>G - Goal</b> Patient's current focus and/or short-term goal, based on the assessment and treatment plan.</p>	<p>Client will identify three triggers of substance use in order to reduce risk of relapse, and will increase control over cravings, as evidenced by using learned coping skills from 0 times per day to 3x per day. He will decrease depressive symptoms by engaging in positive social interactions 1x per week.</p>
<p><b>I - Intervention</b> Provider's methods used to address the patient's statements, the provider's observations, and the treatment goals and objectives.</p>	<p>Client attended a relapse prevention group led by counselor, who facilitated a discussion with the group regarding triggers and encouraged the group to identify emotional and situational factors that affect their desire to use. The counselor assisted group members in identify triggers and ways to cope, such as social support, relaxation skills, and change of environment.</p>
<p><b>R - Response</b> The patient's response to intervention and progress made toward individual plan goals and objectives.</p>	<p>When the patient participated in group, he appeared withdrawn and guarded. He was able to engage in the group process with the help of the counselor, and reported having difficulties with triggers, saying, "that's why I never stopped using." He reported being fearful of relapse due to strong cravings, but stated "I feel better being on Suboxone, it makes the cravings more manageable." He identified two triggers such as, "seeing the scars from my accident" and "being around other people that use stuff".</p>
<p><b>P - Plan</b> The treatment plan moving forward, based on the clinical information acquired and the assessment.</p>	<p><b>Substance Use</b> - Mr. Doe will continue IOP and MAT as prescribed. He agreed to attend at least 1 Narcotics Anonymous meeting at least 1x per week. Continue Suboxone and coordinating with Suboxone prescriber. - Counselor will refer the client to case management for help with housing and employment.</p> <p><b>Mental Health</b> - Given ongoing depressive symptoms, will refer for mental health assessment.</p> <p><b>Physical Health</b> - Client will call his PCP to make an appointment by next week. - Refer to case management to f/u to ensure the client made PCP appointment.</p>

If the patient's preferred language is not English, were linguistically appropriate services provided?  
 Not Applicable     Yes     No, Please Explain: \_\_\_\_\_

<b>Provider Name:</b> Greg Lollipop	<b>Provider Signature:</b> <i>Greg Lollipop</i>	<b>Date:</b> 1/28/2016
--	--	---------------------------

<p>This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.</p>	<b>Client Name:</b> John Doe	<b>Medi-Cal ID:</b> 123-45-6789
	<b>Treatment Agency:</b> Healing SUD Treatment Center	

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

DSM-5 DIAGNOSIS(ES)	
Opioid Use Disorder: Severe	
ASAM DIMENSION(S)	
Please choose the dimension(s) that this note addresses	
<input type="checkbox"/> Dimension 1	<input checked="" type="checkbox"/> Dimension 2
<input checked="" type="checkbox"/> Dimension 3	<input checked="" type="checkbox"/> Dimension 4
<input checked="" type="checkbox"/> Dimension 5	<input type="checkbox"/> Dimension 6
SIRP FORMAT	
<b>S - Situation</b> Patient's presenting situation at the beginning of intervention. May include counselor/clinician observations, patient's subjective report and the intervention setting.	Client recently completed withdrawal management from opioids and was started on Suboxone. He reported improved but ongoing cravings. During interactions, he appeared withdrawn and guarded, and reported feeling sad since his bike accident and stated "I didn't care if I was sad with the pills or smack." He also said, "I don't believe in treatment, but I'll give it a try as long as I have help with the cravings." He reported being fearful of relapsing and seemed to have reservations about group treatment, but also seemed to be engaged and benefiting from the Suboxone portion of his treatment plan. He reported ongoing pain from his bike accident.
<b>I - Intervention</b> Provider's methods used to address the patient's statements, the provider's observations, and the treatment goals and objectives.	Client attended a relapse prevention group led by counselor, who facilitated a discussion with the group regarding triggers and encouraged the group to identify emotional and situational factors that affect their desire to use. The counselor assisted group members in identify triggers and ways to cope, such as social support, relaxation skills, and change of environment.
<b>R - Response</b> The patient's response to intervention and progress made toward individual plan goals and objectives.	Client appeared withdrawn and guarded when in the group. He was able to engage in the group process with the help of the counselor and reported having difficulties with triggers, saying, "that's why I never stopped using." Client reported being fearful of relapse due to strong cravings, but stated, "I feel better being on Suboxone, it makes the cravings more manageable." He identified two triggers, such as "seeing the scars from my accident" and "being around other people that use stuff."
<b>P - Progress</b> The treatment plan progress made toward treatment goals and objectives, as well as the plan for future interventions as determined by the clinical picture.	Substance Use - Client will continue IOP and MAT as prescribed. He agreed to attend at least 1 Narcotics Anonymous meeting at least 1x per week. Continue Suboxone and coordinating with Suboxone prescriber. - Counselor will refer the client to case management for help with housing and employment. Mental Health - Given ongoing depressive symptoms, will refer for mental health assessment. Physical Health - Client will call his PCP to make an appointment by next week. - Refer to case management to f/u to ensure the client made PCP appointment.
If the patient's preferred language is not English, were linguistically appropriate services provided? <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No, Please Explain:	
Provider Name: Greg Lollipop	Provider Signature: <i>Greg Lollipop</i>
Date: 1/28/2016	
This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to whom it pertains unless otherwise permitted by law.	Client Name: <b>John Doe</b> Medi-Cal ID: <b>123-45-6789</b> Treatment Agency: <b>Healing SUD Treatment Center</b>



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

**DSM-5 DIAGNOSIS(ES)**

**Opioid Use Disorder: Severe**

**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**

<p><b>B - Behavior</b> 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.</p>	<p>Client appeared withdrawn and guarded when in the group. He reported feeling sad and “feeling down since my bike accident.” He stated “I don’t believe in treatment, but I’ll give it a try as long as I have help with the cravings.” He recently started on Suboxone and reports improved but ongoing cravings, as well as fear of relapse. Client appeared uncertain towards group treatment but was engaged in the Suboxone portion of the treatment plan. He reported ongoing pain from his bike accident.</p>
<p><b>I - Intervention</b> Provider’s methods used to address the patient’s statements, the provider’s observations, and the treatment goals and objectives.</p>	<p>Client attended a relapse prevention group led by counselor. Counselor facilitated a discussion with the group regarding triggers and encouraged the group to identify emotional and situational factors that affect their desire to use. The counselor assisted group members in identifying triggers and ways to cope, such as social support, relaxation skills, and change of environment.</p>
<p><b>R - Response</b> The patient’s response to intervention and progress made toward individual plan goals and objectives.</p>	<p>When the client participated in group, he appeared withdrawn and guarded. He was able to engage in the group process with the help of the counselor and reported having difficulties with triggers, saying, “that’s why I never stopped using.” Patient reported being fearful of relapse due to strong cravings, but stated “I feel better being on Suboxone, it makes the cravings more manageable.” Patient identified two triggers such as, “seeing the scars from my accident” and “being around other people that use stuff.”</p>
<p><b>P - Plan</b> The treatment plan moving forward, based on the clinical information acquired and the assessment.</p>	<p><b>Substance Use</b> - Client will continue IOP and MAT as prescribed. He agreed to attend at least 1 Narcotics Anonymous meeting at least 1x per week. Continue Suboxone and coordinating with Suboxone prescriber. - Counselor will refer the client to case management for help with housing and employment. <b>Mental Health</b> - Given ongoing depressive symptoms, will refer for mental health assessment. <b>Physical Health</b> - Client will call his PCP to make an appointment by next week. - Refer to case management to f/u to ensure the client made PCP appointment.</p>

If the patient's preferred language is not English, were linguistically appropriate services provided?  
 Not Applicable     Yes     No, Please Explain: \_\_\_\_\_

<b>Provider Name:</b> Greg Lollipop	<b>Provider Signature:</b> <i>Greg Lollipop</i>	<b>Date:</b> 1/28/2016
--	--	---------------------------

<p>This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to whom it pertains unless otherwise permitted by law.</p>	<b>Client Name:</b> John Doe	<b>Medi-Cal ID:</b> 123-45-6789
	<b>Treatment Agency:</b> Healing SUD Treatment Center	