

**FAPT PROGRESS REPORT**

**Report Period** \_\_\_\_\_

Name of Client      **d.o.b.** 00/00/0000      **age:** \_\_\_\_

**Legal Guardian:** Name \_\_\_\_\_      **Medicaid:** Yes or No

**Person Writing This Report:** Name of Case Manager

**Date assigned Transitional Services:** 00/00/00

**Current Placement:** Name of Facility \_\_\_\_\_      Admitted on 00/00/00.

**Purpose for Transition Services:**

**Barriers to Discharge:**

**Current Discharge Progress:**

**Mental Health Dx:**

**Mental Health Dx: (Per Name of Current Facility 00/00/00)**

Axis I		
Axis II		
Axis III		
Axis IV		
Axis V	GAF	Current:      Highest Prior year:

**Current Medication: (Per Name of Current Facility 00/00/00)**

Date	Target Symptoms	MEDS	Dosage	Prescribed By:

**Wrap-Plan Progress:**

**Step-Down Placement:**

**Progress Update:**

**Education:**

**Progress Update:**

**Clinical Outpatient Services:**

**Psychiatrist:**

**Therapist:**

**Progress Update:**

\_\_\_\_\_  
Name of Case Manager  
Name of Agency

\_\_\_\_\_  
Date