DEPARTMENT OF CORRECTIONS
Division of Adult Institutions
DOC-3658 (8/2011)

MENTAL HEALTH GROUP PROGRESS NOTES

WISCONSIN

PATIENT NAME (Last, First, MI)	DOC NUMBER	GROUP NAME	FACILITY NAME

DATE	TOPIC(S)	IF ABSENT
		☐ Excused ☐ Unexcused

PARTICIPATION	COMMENTS
☐ Good ☐ Adequate ☐ Minimal	

ADDITIONAL COMMENTS/OBSERVATIONS

PRINT or TYPE STAFF NAME	STAFF SIGNATURE	DATE SIGNED

DATE	TOPIC(S)	IF ABSENT
		☐ Excused ☐ Unexcused

GROUP PARTICIPATION	COMMENTS
☐ Good ☐ Adequate ☐ Minimal	

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PRINT or TYPE STAFF NAME	STAFF SIGNATURE	DATE SIGNED

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ADDITIONAL COMMENTS/OBSERVATIONS

PRINT or TYPE STAFF NAME	STAFF SIGNATURE	DATE SIGNED
PRINT or TYPE SUPERVISOR NAME (if necessary)	SUPERVISOR SIGNATURE (if necessary)	DATE SIGNED

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