

**MFP Structured Case Notes**

- Today's Date: 8/20/2014 (pre-populated)
- Consumer Information (pre-populated)

**A. Date of Contact:****B. Mode of Contact:**

- face-to-face visit,
- phone call,
- email,
- fax,
- other

**C. Location (For Face-to-Face visits only):**

- Participant home,
- TC office,
- Hospital/Nursing Facility,
- Provider (medical, mental health, etc.) Office,
- Community,
- Other

**D. Persons Contacted (Select All):**

- Participant
- Family/Guardian/Significant Other/Power-of-Attorney for Health Care
- Physician(s)
- Hospital Staff (excluding physicians)
- Facility/SODC/ICF Staff (excluding physicians)
- Community Providers/Workers/Case Managers
  - Examples: physical/speech/occupational therapists, nurses, mental health provider, social worker, ombudsman, CILA staff, PAS Agent, Personal Assistant, Homemaker, CNA/LPN, Mental Health Center Staff, Home Health Agency, CRT Staff, ACT Staff, Other Transition Coordinators
- Other Community-Based Persons
  - Examples: Probation Officer, Parole Officer, Law Enforcement Official(s), Attorney/Legal Services, Mental Health Court Worker, Mental Health Drug Court Worker, Landlord, Friend/Neighbor, ADRC/TES Specialists, DHS workers, State staff, Agency staff, UIC staff)
- Other:

**E. Enter a SOAP Note for this contact.**

Subjective findings:

Objective findings:

Assessment findings:

Plan:

Other Notes: