

MSW Progress Note for Remote Visit Using Telecommunication Technology

Visit: Remote	Start Time: _____	End Time: _____
Patient Name: _____		Caregiver name: _____
Current Psychosocial Status/Findings: _____		
Assessment: _____		
Interventions:		
<input type="checkbox"/> Assess Psychosocial Factors <input type="checkbox"/> Counseling for Long Range Planning and Decision Making <input type="checkbox"/> Other: _____		<input type="checkbox"/> Community Resource Planning And Referral <input type="checkbox"/> Short -Term Therapy
Details of interventions provided: _____		
Patient/Caregiver response to skilled services provided this visit: _____		
Progress toward Goals on the Plan of Care (Measurement of physical outcomes of treatment and/or description of the changed behaviors due to education): _____		
Continued Skilled Need (provide detailed rationale that explains the need for the skilled service in light of the patient's overall medical condition and experiences, the complexity of the service to be performed, and any other pertinent characteristics of the beneficiary or home): _____		
Care planned for next visit (based on the rationale of prior results): _____		
Technology (application/device) used: _____		
Who is onsite with the patient during the visit _____ (names)		
Assistance provided <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____		
Social Worker Signature _____		Date: _____
Signature of Supervising Social Worker (if applicable) _____		Date: _____