Interdisciplinary Progress Note: Choice
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<tr>
<th>Date/Time of Service</th>
<th>Preferred Name/Pronoun:</th>
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<td>Reviewed:</td>
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<td>Orientation to Choice</td>
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<td>Expectations Handout</td>
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<td>Confidentiality &amp; Limits</td>
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</table>

**Session Type:**
- Choice ☐
- Choice Plus ☐
- Telephone contact ☐

**Present in Session:**
- Youth ☐
- Caregiver (s) ☐
- Other ☐

**Risk Status:**
- See ASARI ☐
- N/A ☐
- Unable To Assess (UTA) ☐

**Case Formulation:** (also see Visual Case Formulation from Choice Appointment Summary)

**Treatment Goals:**

**Treatment Plan (e.g., CBT, EFFT):**

**Assessed for Readiness ☐ & Rated as:**
- Green ☐
- Yellow ☐
- Red ☐
- UTA ☐

**Notes:**

**Other Session Information**

**Other Relevant Information:**

See Choice Summary for details of next steps.

**Copies to:**
- ☒ Family Physician:
- ☐ Paediatrician:
- ☐ Partnership Clinician:
- ☐ Other:

**Signature**

**Printed Name and Designation:**