

Progress Note

CLIENT NAME _____		START TIME _____ am pm
		STOP TIME _____ am pm
SERVICE CODE	Individual session Family session Group session Phone Call	
	No Show Cancel/Reschedule Consultation	

SYMPTOM STATUS improved maintained deteriorated	DIAGNOSTIC CHANGE? no yes If yes, new diagnosis:
LIST CURRENT SYMPTOMS _____ _____ _____ _____	
LIFE EVENT? no yes If yes, describe: _____	
MEDICATION compliance noncompliance side effect instructed to contact psychiatrist n/a	
SAFETY suicidal homicidal none If yes, action taken: _____ _____ _____	

Check if goals/objectives section below N/A because treatment plan not yet completed per clinic policy

GOALS/OBJECTIVES ADDRESSED (from treatment plan)

Goal # ___ Objective # ___ Achieved?	no	partial	yes	Goal # ___ Objective # ___ Achieved?	no	partial	yes
Goal # ___ Objective # ___ Achieved?	no	partial	yes	Goal # ___ Objective # ___ Achieved?	no	partial	yes

OVERALL PROGRESS TOWARD GOAL:

	1	2	3	4	5
	NONE	MIN	MOD	MAX	MET

REVISED GOALS/OBJECTIVES? no yes **If yes, Goal # ___ Objective # ___**

new goal/objective: _____

COGNITIVE Provide education, information Identify automatic thoughts Rationally change thoughts or beliefs/cognitive restructuring Identify/modify schema Facilitate problem-solving	Review therapy homework Assess/facilitate readiness to change Develop/support self-efficacy Decision analysis/decisional balance Normalize/Reframe Relapse Prevention Other	BEHAVIORAL Assign therapy homework Behavioral activation plan Self-monitoring Self care activities Lifestyle change (exercise, nutrition) Journaling Sign no harm contract No substance use agreement Create safety plan	EMDR Mindfulness training Relaxation training Parenting skills training Behavior/contingency mgmt plan Role play Exposure therapy/ERP Habit control/habit reversal Other
EMOTIONAL Identify/label emotions Validate/empathize Elicit/constrain affect Integration of affect	Distress tolerance skill Emotion regulation skills Play therapy Other	PSYCHODYNAMIC Identified an insight Used transference	Related past to present Other
REFERRAL PCP Psychiatrist OB/GYN Different type of therapy Psychological Testing	Hospital IOP/Detox AA/NA/Alanon/Support Group Dietician Other	INTERPERSONAL Social skills training Interpersonal inventory (IPT) Communication analysis (IPT)	Clarify interpersonal incident (IPT) Other

INTERVENTION

CLIENT RESPONSE full compliance partial compliance noncompliance

COMMENTS

NEXT APPT _____

CLINICIAN SIGNATURE

CREDENTIALS

DATE OF SERVICE