

## Progress Note

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

<b>SYMPTOM STATUS</b> improved   maintained   deteriorated <b>diagnosis:</b>	<b>DIAGNOSTIC CHANGE?</b> no   yes <b>If yes, new</b>
<b>LIST CURRENT SYMPTOMS</b> _____ _____ _____ _____	
<b>LIFE EVENT?</b> no   yes <b>If yes, describe:</b> _____	
<b>MEDICATION</b> compliance   noncompliance   side effect   instructed to contact psychiatrist   n/a	
<b>SAFETY</b> suicidal   homicidal   none <b>If yes, action taken:</b> _____ _____ _____	
<b>Check if goals/objectives section below N/A because treatment plan not yet completed per clinic policy</b> <b>GOALS/OBJECTIVES ADDRESSED (from treatment plan)</b> Goal # ____ Objective # ____ Achieved?   no   partial   yes      Goal # ____ Objective # ____ Achieved?   no   partial   yes Goal # ____ Objective # ____ Achieved?   no   partial   yes      Goal # ____ Objective # ____ Achieved?   no   partial   yes <b>OVERALL PROGRESS TOWARD GOAL:</b> 1            2            3            4            5 NONE            MIN            MOD            MAX            MET <b>REVISED GOALS/OBJECTIVES?</b> no   yes <b>If yes, Goal # ____ Objective # ____</b> <b>new goal/objective:</b> _____ _____ _____ _____	

<b>COGNITIVE</b> Provide education, information Identify automatic thoughts Rationally change thoughts or beliefs/cognitive restructuring Identify/modify schema Facilitate problem-solving  <b>EMOTIONAL</b> Identify/label emotions Validate/empathize Elicit/constrain affect Integration of affect  <b>REFERRAL</b> PCP Psychiatrist OB/GYN Different type of therapy Psychological Testing	Review therapy homework Assess/facilitate readiness to change Develop/support self-efficacy Decision analysis/decisional balance Normalize/Reframe Relapse Prevention Other  Distress tolerance skill Emotion regulation skills Play therapy Other  Hospital IOP/Detox AA/NA/Alanon/Support Group Dietician Other	<b>BEHAVIORAL</b> 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  <b>PSYCHODYNAMIC</b> Identified an insight Used transference  <b>INTERPERSONAL</b> Social skills training Interpersonal inventory (IPT) Communication analysis (IPT)	<b>EMDR</b> Mindfulness training Relaxation training Parenting skills training Behavior/contingency mgmt plan Role play Exposure therapy/ERP Habit control/habit reversal Other  Related past to present Other  Clarify interpersonal incident (IPT) Other
<b>INTERVENTION</b>			
<b>CLIENT RESPONSE</b> full compliance   partial compliance   noncompliance			
<b>COMMENTS</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<b>NEXT APPT</b> _____			

**CLINICIAN SIGNATURE**

**CREDENTIALS**

**DATE OF SERVICE**