



GESTALT THERAPY PRACTICE CLIENT PROGRESS NOTES

Client Name or Code:

Session #:

Session Date:

Date of Birth:

Summary of today's session: (use initials throughout)

Presenting Problem:

Therapist's Observations:

Summary of today's Session: interventions, theme of session, closure

Summary of today's Session (cont.):
Emerging Issues:
Plan for therapy:
Clinical concerns and supervision questions:

Signature/Date