

# PROGRESS NOTE

**Client name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Date of Session:** \_\_\_\_\_ **Length of Session:** \_\_\_\_\_ **minutes in duration** **Session #:** \_\_\_\_\_  
**Accompanied by:** \_\_\_\_\_

**Focus of Session/Progress Towards Treatment Goals:**

**Symptoms:** Depression Suicidal/Homicidal Thoughts Anxiety Panic Episodes  
Avoidance Aggression Chemical Use: Eating Disorder  
Insomnia/Hypersomnia Interpersonal Conflict Oppositional Mood Lability  
Self-Harm: Obsessions/Compulsions  
Attention Problems Impulse Control Theft Gambling  
(Other): \_\_\_\_\_

**Interventions/Techniques:** Active Listening Behavioral Cognitive-Behavioral  
Reframing Supportive Interactive: Goal setting/Treatment Planning  
Activity Scheduling Problem-Solving Modeling Skills Training  
Testing Conjoint Session Parent/Concerned Person Consult Interpreter Service  
(Other): \_\_\_\_\_

**Functional Impairment/Mental Status:**

Psychological:	None	Minimal	Moderate	Severe
Occupational/School:	None	Minimal	Moderate	Severe
Family/Social:	None	Minimal	Moderate	Severe
Suicidal/Homicidal:	None	Thoughts	Plans	

Contracts for Safety Refuses to Contract

**Medication Compliance:** N/A Yes No  
**Therapy Compliance:** Full Partial Low/Non-compliant

**Diagnosis:**

**Plan:** Return Appointment in \_\_\_\_\_ weeks

\_\_\_\_\_  
By: \_\_\_\_\_ Date \_\_\_\_\_