**Progress Note**

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| --- | --- |
| **Client Name:**  | **Date of Service:** |
| **Length of Session:** | **CPT Code:** | **Diagnosis:** |
| **Present at session** *(if others present, list name(s) and relationship to client):*[ ] Client Present [ ] Others Present: [ ] Client No Showed/Cancelled  |
| **Significant Changes in Client’s Condition** |
| [ ] No significant change from last visit |  |
| [ ] Mood/Affect |  |
| [ ] Thought Process/Orientation |  |
| [ ] Behavior/Functioning |  |
| [ ] Substance Use |  |
| [ ] Physical Health Issues |  |
| [ ] Other |  |
| **DANGER to:**[ ] Self [ ] Others [ ] Property [ ] None [ ] Ideation [ ] Plan [ ] Intent [ ] Means [ ] Attempt |
| **Specifics regarding risk assessment***(include safety planning, reports made, etc.):* |
| **Focus of session** *(Client’s complaints, symptoms, new precipitators, etc.):* |
| **Therapeutic Intervention(s) and Response to Interventions:** |
| **Progress Toward Treatment Plan Objectives:*** **Treatment plan updated (if applicable)**
 |
| **Recommendations and/or Referrals:****Follow-up appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Provider Signature & Credentials** *(if signature illegible, include printed name):* | **Date of Signature:** |