**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:** |