

PROGRESS NOTE

CLIENT: _____ DATE OF SERVICE: _____ TIME: _____

<p>Appearance</p> <p><input type="checkbox"/> WNL</p> <p><input type="checkbox"/> Unkempt</p> <p><input type="checkbox"/> Dirty</p> <p><input type="checkbox"/> Meticulous</p> <p>Speech</p> <p><input type="checkbox"/> WNL</p> <p><input type="checkbox"/> Pressured</p> <p><input type="checkbox"/> Poverty of</p> <p><input type="checkbox"/> Impaired</p> <p><input type="checkbox"/> Slow</p> <p>Mood/Affect</p> <p><input type="checkbox"/> WNL</p> <p><input type="checkbox"/> Flat</p> <p><input type="checkbox"/> Depressed</p> <p><input type="checkbox"/> Manic</p> <p><input type="checkbox"/> Anxious</p> <p><input type="checkbox"/> Fearful</p> <p><input type="checkbox"/> Irritable</p> <p><input type="checkbox"/> Angry</p> <p><input type="checkbox"/> Labile</p> <p><input type="checkbox"/> Incongruent</p> <p>Behavior</p> <p><input type="checkbox"/> WNL</p> <p><input type="checkbox"/> Guarded</p> <p><input type="checkbox"/> Withdrawn</p> <p><input type="checkbox"/> Defensive</p> <p><input type="checkbox"/> Oppositional</p> <p><input type="checkbox"/> Hostile</p> <p><input type="checkbox"/> Manipulative</p> <p><input type="checkbox"/> Impaired</p> <p><input type="checkbox"/> Threatening</p> <p><input type="checkbox"/> Impulsive</p> <p><input type="checkbox"/> Tearful</p> <p><input type="checkbox"/> Tired</p> <p>Cognitions</p> <p><input type="checkbox"/> WNL</p> <p><input type="checkbox"/> Loose Assoc.</p> <p><input type="checkbox"/> Scattered</p> <p><input type="checkbox"/> Blocked</p> <p><input type="checkbox"/> Obsessive</p> <p><input type="checkbox"/> Paranoid</p> <p><input type="checkbox"/> Psychotic</p>	<p>SERVICES RENDERED</p> <p><input type="checkbox"/> Initial Evaluation (90791)</p> <p><input type="checkbox"/> Psychotherapy: 90832/30" <input type="checkbox"/>90834 /45" <input type="checkbox"/>90837/60"</p> <p><input type="checkbox"/> Family Psychotherapy w/patient (90847)</p> <p><input type="checkbox"/> Family Psychotherapy w/o patient (90846)</p> <p><input type="checkbox"/> Multi-Family Psychotherapy (90849)</p> <p><input type="checkbox"/> Group Psychotherapy (90853)</p> <p><input type="checkbox"/> Crisis Psychotherapy 90839/60" <input type="checkbox"/>+90840 each addl 30"</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/>Other _____ <input type="checkbox"/>Other _____</p>	<p>PROGRESS</p> <p><input type="checkbox"/> Exceptional</p> <p><input type="checkbox"/> Steady</p> <p><input type="checkbox"/> Slow</p> <p><input type="checkbox"/> Regressing</p> <p><input type="checkbox"/> Stable</p> <p><input type="checkbox"/> Maintaining</p> <p><input type="checkbox"/> Discharge Plan.</p>	<p>CURRENT MEDS</p> <p>Med: _____</p> <p>Dose: _____</p> <p>Med: _____</p> <p>Dose: _____</p> <p>Med: _____</p> <p>Dose: _____</p>
<p>Treatment Goal Addressed: _____</p> <p>Additional Client Concerns Today: _____</p> <p>Interventions: _____</p> <p>Client's Response to Intervention: _____</p> <p>Referred To: _____</p> <p>Home Work Assigned To: _____</p> <p>Home Work Completed From Last Session? : _____</p> <p>Danger to Self or Others? : _____</p> <p>If yes, describe danger and intervention: _____</p> <p>Additional Comments: _____</p> <p>Rescheduled for: Day: _____ Date: _____ Time: _____ <input type="checkbox"/>Client will call or email to reschedule</p> <p>Fee Charged : _____ Payment: _____ <input type="checkbox"/>Check <input type="checkbox"/>Cash <input type="checkbox"/>Credit Card <input type="checkbox"/>Bill Insurance</p>			

Therapist Signature: _____ Degree: _____ Title: _____ Date: _____