SOAP NOTE

JANE DOE, MA
Your Title
123 Main Street
Anywhere, OK 10000
123-456-7890

CLIENT: _____ DATE OF SERVICE: _____ TIME: _____

Appearance
- ❑ WNL
- ❑ Unkempt
- ❑ Dirty
- ❑ Meticulous

Speech
- ❑ WNL
- ❑ Pressured
- ❑ Poverty of
- ❑ Impaired
- ❑ Slow

Mood/Affect
- ❑ WNL
- ❑ Flat
- ❑ Depressed
- ❑ Manic
- ❑ Anxious
- ❑ Fearful
- ❑ Irritable
- ❑ Angry
- ❑ Labile
- ❑ Incongruent

Behavior
- ❑ WNL
- ❑ Guarded
- ❑ Withdrawn
- ❑ Defensive
- ❑ Oppositional
- ❑ Hostile
- ❑ Manipulative
- ❑ Impaired
- ❑ Threatening
- ❑ Impulsive
- ❑ Tearful
- ❑ Tired

Cognitions
- ❑ WNL
- ❑ Loose Assoc.
- ❑ Scattered
- ❑ Blocked
- ❑ Obsessive
- ❑ Paranoid
- ❑ Psychotic

SERVICES RENDERED
- ☐ Initial Evaluation (90791)
- ☐ Psychotherapy: 90832/30” ☐90834 /45” ☐90837/60”
- ☐ Family Psychotherapy w/patient (90847)
- ☐ Family Psychotherapy w/o patient (90846)
- ☐ Multi-Family Psychotherapy (90849)
- ☐ Group Psychotherapy (90853)
- ☐ Crisis Psychotherapy 90839/60” ☐+90840 each addl 30”
- ☐ Other_____ ☐Other_____ ☐Other_____

PROGRESS
- ❑ Exceptional
- ❑ Steady
- ❑ Slow
- ❑ Regressing
- ❑ Stable
- ❑ Maintaining
- ❑ Discharge Plan.

CURRENT MEDS
Med:
Dose:

Med:
Dose:

Med:
Dose:

Treatment Goal Addressed: _____

Subjective Data/Clinical Impressions: _____

_____

_____

_____

Objective Data/Behavioral Observations: _____

_____

_____

Assessment: _____

_____

_____

Plan: _____

_____

_____

Danger to Self or Others? : _____

If yes, describe danger and intervention: _____

_____

Rescheduled for: Day:_____ Date:_____ Time:_____ ☐Client will call or email to reschedule

Fee Charged :_____ Payment:_____ ☐Check ☐Cash ☐Credit Card ☐Bill Insurance

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