

Progress Note

Name: _____ DOB: _____ Session Date: _____

Start: _____ Stop: _____ Diagnosis: _____

Participants: _____ Medications: _____

Danger to: None Self Others Ideation Plan Intent Attempt Other _____

Status: _____ Response to TX: _____ Notable Changes Since Last Session: _____

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> No Change | <input type="checkbox"/> Engaged |
| <input type="checkbox"/> Improvement | <input type="checkbox"/> Uninterested |
| <input type="checkbox"/> Setback | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Deteriorating | <input type="checkbox"/> Combative |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

- | | | | | |
|--|------------------------------------|----------------------------------|--------------------------------------|---|
| Appearance | Judgment | Insight | Speech | Thought Content |
| <input type="checkbox"/> Appropriate | <input type="checkbox"/> Excellent | <input type="checkbox"/> Full | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Inappropriate | <input type="checkbox"/> Good | <input type="checkbox"/> Partial | <input type="checkbox"/> Slurred | <input type="checkbox"/> Delusions |
| <input type="checkbox"/> Disheveled | <input type="checkbox"/> Fair | <input type="checkbox"/> Limited | <input type="checkbox"/> Rapid | <input type="checkbox"/> Paranoid |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Poor | <input type="checkbox"/> None | <input type="checkbox"/> Pressured | <input type="checkbox"/> Dissociation |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

- | | | | |
|--|------------------------------------|---|--------------------------------------|
| Thought Process | Mood | Behavior | Affect |
| <input type="checkbox"/> Irrelevant Detail | <input type="checkbox"/> Depressed | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Expansive |
| <input type="checkbox"/> Disorganized | <input type="checkbox"/> Anxious | <input type="checkbox"/> Poor Eye Contact | <input type="checkbox"/> Euthymic |
| <input type="checkbox"/> Interrupted Thinking | <input type="checkbox"/> Irritable | <input type="checkbox"/> Distant/Distracted | <input type="checkbox"/> Constricted |
| <input type="checkbox"/> Loose | <input type="checkbox"/> Angry | <input type="checkbox"/> Hostile | <input type="checkbox"/> Blunt |
| <input type="checkbox"/> Illogical Connections | <input type="checkbox"/> Elevated | <input type="checkbox"/> Agitated | <input type="checkbox"/> Flat |
| <input type="checkbox"/> False Beliefs | <input type="checkbox"/> Euthymic | <input type="checkbox"/> Overly Accommodating | <input type="checkbox"/> Dysphoric |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Treatment Interventions:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Cognitive Restructuring | <input type="checkbox"/> Psychoeducation | <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Systemic Family Therapy |
| <input type="checkbox"/> DBT | <input type="checkbox"/> Mindfulness Training | <input type="checkbox"/> Positive Psychology | <input type="checkbox"/> Play or Art Therapy |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Problem Solving Skills | <input type="checkbox"/> Humanistic Therapy | <input type="checkbox"/> Client-Centered Therapy |
| <input type="checkbox"/> Roleplay | <input type="checkbox"/> Solution-Focused | <input type="checkbox"/> Trauma Focused CBT | <input type="checkbox"/> Existential Therapy |
| <input type="checkbox"/> Coping Skills | <input type="checkbox"/> Stress Management | <input type="checkbox"/> EMDR | <input type="checkbox"/> Communication Training |
| <input type="checkbox"/> Supportive Reflections | <input type="checkbox"/> Building Support | <input type="checkbox"/> Attachment Therapy | <input type="checkbox"/> Grief Processing |

Other _____

Goal(s)/Objective(s):

Progress Note

Name: [Redacted]

Session Content:

[Redacted]

Assigned Homework:

[Redacted]

Next Apt: [Redacted]

[Redacted]

[Redacted]

Therapist/Provider Signature

Date