PSYCHOTHERAPY PROGRESS NOTE

**Date of Session:** / /

Primary DX: Facility Name:

(ICD-Code #) (Disorder Name)

Name of Patient:

(Last) (First) Age

Female Male

**Length of Session:** (actual minutes) No Session

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Service Billed:** | **Individual Therapy:** | **Group Therapy:** | **Crisis Codes:** |
| 90832 90834 90837 | 90853 | 90839 90840 x (first 60 minutes) (each additional 30 min of crisis therapy) |

**Outcome Measurement:** Periodic Treatment Review Other:

**Treatment Issue/Target Symptoms/Behaviors On Current Treatment Plan** addressed during session:

Symptoms Observed During Session:

|  |  |  |  |
| --- | --- | --- | --- |
| aggression (physical) | danger to self | hallucinations (visual) | sad/pained/worried expression |
| aggression (verbal) | decreased energy/fatigue | hopelessness/helplessness | self deprecation |
| agitation | delusions | hypersomnia/insomnia | socially inappropriate (specify: ) |
| anger | depressed | impulsivity | social withdrawal |
| anhedonia | distractibility | irritability | suicidal ideation or plan |
| anxiety/fear | emotional lability | negative statements | thought disorder (specify: ) |
| appetite disturbance | feelings of worthlessness | noncompliance (medical care) | other observed symptoms:  |
| danger to others | hallucinations (auditory) | restlessness |   |

Comorbid medical condition impacting psychological status. Specify:

Therapeutic Techniques

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cognitive Behavioral | Insight-oriented | Behavioral Modification | Supportive | Other:  |

**Intervention Strategies** Implemented *and* Session **Focus** or **Theme:**

Patient Response

Marked Improvement Some Improvement Maintenance of Functioning Symptoms Worse

Evidence of Patient Response:

**Future Treatment/Follow-up Issues: Check when applicable:** Change Treatment Plan Change Diagnosis

Signature of Therapist/Title Signature of Psychologist (only)

If signature appears here, signature of the Psychologist verifies direct supervision or presence in same room.