**Progress Note for Client # \_\_\_\_\_\_\_**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Time**:\_\_\_\_:\_\_\_\_  am/ pm **Session Length**:  45 min.  60 min.  Other: \_\_\_\_\_\_\_\_minutes

**Present**:  Adult Male  Adult Female  Child Male  Child Female  Other: \_\_\_\_\_

**Billing Code:**  90791 (eval)  90834 (45 min. therapy)  90837 (60 min. therapy)  90847 (family)  other: \_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Symptom(s)** | **Duration and Frequency Since Last Visit** | **Progress** |
| 1: |  | **Select** |
| 2: |  | **Select** |
| 3: |  | **Select** |

*Explanatory Notes on Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**In-Session Interventions and Assigned Homework**

**Client Response/Feedback**

**Plan**

Continue with treatment plan: plan for next session:

Modify plan:

*Next session*: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_:\_\_\_  am/ pm

**Crisis Issues**:  No indication of crisis/client denies Crisis assessed/addressed: describe below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Clinician’s Signature, License/Intern Status Date

**Case Consultation/Supervision** Not Applicable

*Notes:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Collateral Contact** Not Applicable

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_:\_\_\_\_ am/pm

Written release on file:  Sent/ received  in court docs  other: \_\_\_\_\_\_

*Notes*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Clinician’s Signature, License/Intern Status Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Supervisor’s Signature, License Date