

MEDICAL RECORD PROGRESS NOTE

Client Name: _____ Date: _____ Session #: _____

Time Started & Finished: _____ - _____ Next Appointment: Date: _____ Time: _____

Type of Counseling: Intake Session Individual Family Group Supervision Phone Session

Critical Assessments: Suicide Risk: (circle) none, active, passive, plan / means, NA

Homicide / Violence Risk: (circle) no, yes, intent, plan / means, NA

A&D Use: (circle) none, low, medium, high, NA

Crisis Intervention Plan: (circle) no, yes, NA If "yes" to above, describe in detail: _____

Diagnosis: _____ Change in Diagnosis? Yes ___ No ___ If yes, describe: _____

Current Symptoms / Topics / Stressors: _____

Current Medications: _____

Treatment Goals in General and / or This Session: _____

Client to demonstrate understanding of diagnosis and coping skills to maintain stability.

Assess: Mood _____ Sleep _____ Diet _____ Anxiety _____ Triggers _____

Meds _____ Routine _____ Exercise _____ Irritability _____ Insight _____

Interventions: (circle) Provide support, cognitive-behavioral, desensitization, introceptives, role-play, psycho-educational, gestalt, inter-relational, process, insight, interpretation, confrontation of resistance, discussion of family of origin, solution focus, coping skills development, relaxation training. Explain if necessary: _____

Client's Response to Interventions: _____

Level of Client Functioning or Participation / Motivation: (circle) high, medium, low (comment): _____

Progress -> Current Treatment is Effective: Yes ___ No ___ If not, the following changes will be made: _____

Plan for Treatment: _____

Homework Completed From Last Session? Yes ___ No ___ NA___ Helpful Toward Treatment Goals? _____

Homework Given: (circle) Bibliotherapy, listen to CD, journaling, behavior log, practice introceptives, imago exercises, exposure / desensitization, mood charting, relaxation response, other - explain: _____

Counselor Follow-up: _____

Release of Information required: _____

Mental Status Exam

Appearance: Neat _____ Disheveled _____ Appropriate Attire _____ Affect _____ Other _____

Physiological Signs: Restless _____ Tearful _____ Tense Posture _____ Agitated _____ Decreased Motor Activity _____ Relaxed _____

Manner and Attitude: Accessible _____ Evasive _____ Defensive _____ Suspicious _____ Irritable _____ Guarded _____ Frightened _____

Euphoric _____ Aggressive _____ Passive _____ Optimistic _____ Hopeless _____ Resentful _____ Other _____

Orientation: Time _____ Place _____ Person _____ Situation _____ Eye Contact: Direct _____ Intermittent _____ Intense _____ Poor _____

Verbal: Rambling _____ Detailed _____ Circumstantial _____ Repetitive _____ Slow _____ Rapid _____ Normal _____ Answers Appropriate _____

Thought Content: Normal _____ Hallucinations _____ Delusions _____ Obsessions _____ Ruminating _____ Flight of Ideas _____ Paranoia _____

Psychotherapist's Signature & Credentials: _____