

#### The Columbus Wellness Center

## 124 Hyatts Rd Delaware, OH 43015 P: (833)336-7543 F:

 $\underline{info@the columbus wellness center.com} \ www.the columbus wellness center.com$ 

# **Progress Note**

Copay: Deductible:	Deductible Met Pt requires Superb	ill
Insurance Payer:		
Patient Name:		
Contact #:	mail:	. Preferred Contact
Method (circle one): Text VM Ema	il Messenger	
Wethou (energone). Text VIVI Linu	iii iviesseriger	
Clinician		
Clinician:	Dx Code:	
Service Code: Location:	Dx Code:	
☐ Individual session ☐ Group Session ☐ Joint Session # of Participants:		
Date of Service: Start Tin	ie: End Time: Total time of sess	sion:
<b>Current Mental Status:</b>		
Normal appropriate unremarkable euthymic congruent good excellent intact poor		
	,, р	
☐ Initial Assessment ☐ Improved ☐ ☐	aclined Relansed No Change	
	comicaitciapseaito change	
(Circle one)		
(Circle one) Orientation:		
normal appropriate unremarkable euthymic dysthymic congruent good excellent intact poor		
nomiai appropriate uniemarkable eutrymi	dystryrnic congraent good excellent intact poor	
Insight:		
	a dyathymia congruent good excellent intest poor	
normal appropriate uniternarkable eutriymi	dysthymic congruent good excellent intact poor	
Osnoval Annasanas		
General Appearance:		
normal appropriate unremarkable euthymic dysthymic congruent good excellent intact poor		
ludaement.		
Judgement:		
normal appropriate unremarkable euthymic dysthymic congruent good excellent intact poor		
Impulse Control:		
normal appropriate unremarkable euthymic dysthymic congruent good excellent intact poor		
_		
Dress:		
normal appropriate unremarkable euthymi	c dysthymic congruent good excellent intact poor	
<b>Motor Activity:</b> normal appropriate unre	markable euthymic dysthymic congruent good exc	cellent intact poor
Interview Behavior: normal appropriate	unremarkable euthymic dysthymic congruent goo	nd excellent intact poor
Speech: normal appropriate unremarkable euthymic dysthymic congruent good excellent intact poor		
Mood: normal appropriate unremarkable euthymic dysthymic congruent good excellent intact poor		
Affect: normal appropriate unremarkable euthymic dysthymic congruent good excellent intact poor		
and the state of t		
Risk Assessment:		
☐ SI ☐ HI ☐ Patient reports no risk ☐ C	ontrary Indications   No contrary indications	Safety Plan



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Symptom Description in Clients own words:		
Session Content:		
Interventions Used:		
Treatment Plan  Continue from Previous Session Notes  Maintain Plan		
Updated Goal 1:		
Updated Goal 1: days Weeks Months		
Updated Goal 2:		
Updated Goal 2: days Weeks Months		
Updated Goal 3:		
Time to complete: (#) days Weeks Months		
☐ Change in Treatment ☐ Maintain Treatment ☐ Patient is declining ☐ Patient is progressing		
Prescribed Frequency of Tx: Terminate Maintain Change #weekly Monthly. yearly		
rescribed Frequency of 1x.   Terminate   Iwamtam   Change #weekly Iwonthing. yearry		
Recommendation:		
<ul><li>☐ Continue current therapeutic focus</li><li>☐ Terminate</li></ul>		
☐ Refer:		
Clinician Name: Credentials:		
License #,,		
Signature:		
I signed this note and declared this information to be accurate and complete on:		
Date: Time:		
Dato: 11110:		