Progress Note

Copay: \_\_\_\_\_\_\_\_\_\_\_\_\_ Deductible: \_\_\_\_\_\_\_\_\_\_\_ Deductible Met Pt requires Superbill

Insurance Payer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Preferred Contact Method (circle one): Text VM Email Messenger

Clinician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Code: \_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dx Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Individual session Group Session Joint Session # of Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_ Start Time: \_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_ Total time of session: \_\_\_\_\_\_\_**

**Current Mental Status:**

Normal appropriate unremarkable euthymic congruent good excellent intact poor

 Initial Assessment Improved Declined Relapsed No Change

**(Circle one)**

**Orientation:**

normal appropriate unremarkable euthymic dysthymic congruent good excellent intact poor

**Insight:**

normal appropriate unremarkable euthymic dysthymic congruent good excellent intact poor

**General Appearance:**

normal appropriate unremarkable euthymic dysthymic congruent good excellent intact poor

**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 euthymic dysthymic congruent good excellent intact poor

**Motor Activity:** normal appropriate unremarkable euthymic dysthymic congruent good excellent intact poor

**Interview Behavior:** normal appropriate unremarkable euthymic dysthymic congruent good 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

**Risk Assessment:**

 SI HI Patient reports no risk Contrary Indications No contrary indications Safety Plan

**Symptom Description in Clients own words:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session Content:

Interventions Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treatment Plan** Continue from Previous Session Notes Maintain Plan

C

Updated Goal 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time to complete: (#) \_\_\_\_\_\_\_\_ days Weeks Months

Updated Goal 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time to complete: (#) \_\_\_\_\_\_\_\_ 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

Recommendation:

 Continue current therapeutic focus

 Terminate

 Refer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_

License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I signed this note and declared this information to be accurate and complete on:*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_