FREE DOWNLOAD

NOTES TEMPLATE

Progress Notes

Client Name D.O.B

Date Start Time End Time

Total Session Time Billing Yes ○ No ○

Session Participants

Diagnosis

Medication(S)

Provider Dosage Changes

Safety Assessment

Client Denied Thoughts of Harm to Self or Others Yes ○ No ○

Danger to: ○ Self ○ Others

Client Identified: ○ Intent ○ Plan ○ Access to Means ○ Attempt

Details/Clinicians Response:

Appearance	Speech	Affect	Insight	Judgement
○ Appropriate	○ Appropriate	○ Appropriate	○ Excellent	○ Excellent
○ Inappropriate	○ Slurred	○ Blunt	○ Good	○ Good
○ Disheveled	○ Rapid	○ Flat	○ Fair	○ Fair
○ Poor	○ Pressured	○ Depressed	○ Poor	○ Poor
○	○	○	○	○

Mood	Thought Content	Behavior	Thought Process
○ Appropriate	○ Appropriate	○ Appropriate	○ Appropriate
○ Anxious	○ Paranoia	○ Distracted	○ Disorganized
○ Irritable	○ Delusions	○ Distant	○ Loose
○ Aggressive	○ Dissociation	○ Irritable	○ Irrelevant Detail