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

- ○ Appropriate
- ○ Inappropriate
- ○ Disheveled
- ○ Poor
- ○

Speech

- ○ Appropriate
- ○ Slurred
- ○ Rapid
- ○ Pressured
- ○

Affect

- ○ Appropriate
- ○ Blunt
- ○ Flat
- ○ Depressed
- ○

Insight

- ○ Excellent
- ○ Good
- ○ Fair
- ○ Poor
- ○

Judgement

- ○ Excellent
- ○ Good
- ○ Fair
- ○ Poor
- ○

Mood

- ○ Appropriate
- ○ Anxious
- ○ Irritable
- ○ Aggressive
- ○ Angry
- ○ Dysphoric
- ○ Euphoric
- ○ Depressed
- ○

Thought Content

- ○ Appropriate
- ○ Paranoia
- ○ Delusions
- ○ Dissociation
- ○ Depersonalization
- ○ Derealization
- ○ Hallucinations
- ○ Preoccupation
- ○

Behavior

- ○ Appropriate
- ○ Distracted
- ○ Distant
- ○ Irritable
- ○ Poor Eye Contact
- ○ Passive
- ○ Inattentive
- ○ Anxious
- ○

Thought Process

- ○ Appropriate
- ○ Disorganized
- ○ Loose
- ○ Irrelevant Detail
- ○ Interrupted Thinking
- ○ Illogical Connections
- ○ False Beliefs
- ○
- ○

Subjective Content

Observations, Body Language, ETC.