Progress Note

Client Name:		**Date of Service:**
Length of Session:	**CPT Code:**	**Diagnosis:**

Present at session *(if others present, list name(s) and relationship to client):*

☐ Client Present ☐ Others Present: ☐ Client No Showed/Cancelled

Significant Changes in Client's Condition	
☐ No significant change from last visit	
☐ Mood/Affect	
☐ Thought Process/Orientation	
☐ Behavior/Functioning	
☐ Substance Use	
☐ Physical Health Issues	
☐ Other	

DANGER to:
☐ Self ☐ Others ☐ Property ☐ None ☐ Ideation ☐ Plan ☐ Intent ☐ Means ☐ Attempt

Specifics regarding risk assessment *(include safety planning, reports made, etc.):*

Focus of session *(Client's complaints, symptoms, new precipitators, etc.):*

Therapeutic Intervention(s) and Response to Interventions:

Progress Toward Treatment Plan Objectives:

☐ **Treatment plan updated (if applicable)**

Recommendations and/or Referrals:

Follow-up appointment: _____

Provider Signature & Credentials *(if signature illegible, include printed name):*	**Date of Signature:**

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