

PROFESSIONAL PROGRESS NOTES—REVISED

Name _____ Date _____

Session # _____ Date of Last Visit _____

Office Hospital Other _____

Others Present _____

Kept	<input type="checkbox"/>	15 min	<input type="checkbox"/>	Routine	<input type="checkbox"/>
Canc	<input type="checkbox"/>	30 min	<input type="checkbox"/>	Emerg	<input type="checkbox"/>
Resch	<input type="checkbox"/>	60 min	<input type="checkbox"/>	Billing Date	_____
Failed	<input type="checkbox"/>	90 min	<input type="checkbox"/>	Billed \$	_____
Late	<input type="checkbox"/>	Other	_____	Paid \$	_____

Content:

- Important recent events
- Changed complaints
- Historical data
- Family dynamics
- Images/metaphors/dreams
- Transference/countertransference

Interventions:

- Interpretations/insights
- Homework
- Tx plans/goals/recommendations

- ① **Level of functioning**
unchanged/better/worse
- ② **Stressors**
unchanged/better/worse
- ③ **Motivation**
low/moderate/high
- ④ **Insight**
poor/limited/fair/good
- ⑤ **Judgment**
poor/limited/fair/good
- ⑥ **Diagnosis**
changed/additional

Details Regarding: ① Level of functioning ② Stressors ③ Motivation ④ Insight ⑤ Judgment ⑥ Diagnosis

Special concerns:* Suicide/violence Psychiat/Neuro Health status Sexual allegation precautions

*Enter details on reverse side.

Post-visit reminders/Discuss next visit:

Next visit:

- Standing appt.
- Scheduled for _____
- Tx. terminated*
- Client will call
- No appts. available
- Therapist will call client
by _____

*Enter details on reverse side.

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Suicide/Violence Assessment:

Intensity of ideation _____

Intensity of intent _____

Means? none / _____

Time? none / _____

Place? none / _____

Victim? none / self / _____

Child/Elder abuse? yes / ? / no _____

Notes:

Actions:

Suicide contract? yes / no

Discuss:

Suggested voluntary hospitalization? yes / no

Client meet criteria for involuntary hospitalization? yes / no

Involuntary hospitalization attempted? yes / no

Police contacted? yes / no Officer's name: _____

Others contacted? yes / no Name/s: _____

Psychiatric/Neurological Referral:

Psychosis? yes / ? / no Severity _____

Affective disorder? yes / ? / no Severity _____

Neurological signs? yes / ? / no Severity _____

Other _____

Referred to _____

Result:

Health Status:

Health Problems: None / ongoing / new

Describe:

Client under care of _____

Client advised to seek medical care? yes / no

Client referred to _____

Result:

Sexual Allegation Precautions:

Client paranoid? yes / ? / no

Sexually preoccupied? yes / ? / no

Vengeful toward therapist? yes / ? / no

Window shades left open? yes / no Door ajar? yes / no

Explain:

Termination:Initiated by client therapist mutual agreement

Therapy goals met? yes / partial / no

Client's condition: excellent / good / fair / poor

Explain:

Additional Notes: