**Progress Note**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client Name: | | | | | Date of Service: | | | |
| Length of Session: | | | | | Location | of | Service: | |
| CPT Code: | | | | | Diagnosis/ICD Code: | | | |
| **Present as Session** | | | | | | | | |
| * Client Present * Client No showed/cancelled * Others Present, List name(s) and relationship to client: | | | | | | | | |
| **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, Explain: | | | | |  | | | |
| **Danger to:**   * Self ☐ Others | * Property | * None | * Ideation | * Plan | * Intent | * Means | | * Attempt |
| **Specific 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** | | | | | | | | |
| (How did the service address the beneficiary’s behavioral health needs; how did client respond to intervention) | | | | | | | | |

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| **Progress Toward Treatment** | |
| Problem List: ☐ Reviewed/updated   * No changes | |
| **Recommendations and/or Referrals** | |
| Follow-up Appointment: | |
| Clinician Signature: | |
| Clinician Printed Name: | Date: |