**Progress Note**

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| --- | --- |
| 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: |