PROGRESS NOTE

Client Name		Therapist:	
Session Date		Video ☐ In-Person ☐ Phone ☐	
Actual Therapy Start & Stop Times		**FOR TELEHEALTH:** Client location: ☐ Home ☐ Other location: _____ ☐ Verified client identity ☐ Ct deemed appropriate for telehealth ☐ Telehealth consent obtained from client ☐ Used HIPAA Compliant Platform	
CPT Code:			
Diagnosis code(s)			
Other Session Attendees:			

Consciousness
- ☐ Oriented x 3 and alert
- ☐ Hypervigilant
- ☐ Drowsy, lethargic, stuporous
- ☐ Confused

Movement
- ☐ Normal movement
- ☐ Unsteady or tremors
- ☐ Slowed movements
- ☐ Restless/fidgety/agitated

Affect
- ☐ Normal affect
- ☐ Blunted/Flat affect
- ☐ Labile, variable, agitated

Speech:
- ☐ Normal rate, volume, tone
- ☐ Halting speech
- ☐ Pressured speech
- ☐ Slowed or slurred speech

Thoughts
- ☐ Thoughts linear, coherent
- ☐ Thoughts tangential, racing
- ☐ Loosening of associations
- ☐ Delusions, hallucinations

Attention
- ☐ Attentive
- ☐ Variable attention
- ☐ Distracted

Memory
- ☐ Intact memory
- ☐ Limited or deficient memory

Insight
- ☐ Good insight
- ☐ Limited insight

Judgment
- ☐ Good judgment
- ☐ Fair judgment
- ☐ Poor judgement / impulsive

Motivation
- ☐ Good motivation/effort
- ☐ Limited/variable motivation/effort

Problem(s) discussed: Topics discussed – what issues, stressors is client reporting, dealing with?	
Symptoms/Impairment: Include frequency, type, and severity of symptoms and impact on functioning. When appropriate, relate to diagnosis.	
Status of Risk issues, if any, including substance use problems	☐ No risk issues volunteered or identified ☐ Other:

In-session Interventions (ex. "taught progressive relaxation"), **referrals made, and homework. Try to name at least 3.** Name play therapy tools used	
Progress toward goals and **changes to treatment plan**. Ongoing lack of progress should lead to treatment plan changes – CHECK ALL THAT APPLY	☐ Ct engaged and responding positively to interventions and treatment ☐ Ct making progress toward treatment goals ☐ Has achieved goals but needs maintenance to prevent relapse ☐ Ct not progressing or is worsening Comments on progress:
Prognosis	☐ Prognosis favorable based on client's progress /motivation to participate; client has ability to participate and benefit from therapy ☐ Other:
Medication Changes	☐ None ☐ Other:
Medical Necessity for 90837 sessions, if applicable	**Longer session justified and medically necessary due to:** ☐ use of technique that take longer to implement (e.g. EMDR techniques / Systematic Desensitization / DBT Protocol) ☐ severity of symptoms ☐ more session time needed to process trauma-related emotions ☐ more time needed to create and monitor relapse prevention protocols ☐ client has dual diagnosis -- requires extra time to address both diagnoses ☐ client's high emotionality; need to stabilize before session ends ☐ need to manage high-conflict interactions of couple/family ☐ extra time needed to monitor crisis issues and safety planning ☐ client has extreme difficulty identifying [emotions/motivations], requires more session time to process and gain insights ☐ not applicable ☐ Other:
Other Information/Reminders (ex. any information not mentioned above, or reminders to therapist for future sessions) – Leave blank if none	
Next session date (note reason if frequency change)	
Therapist legible signature with credentials, license and license # (electronic signature OK)	