**Progress Note for Client #**

**Date**:       **Time**:      :       am/ pm **Session Length**:  45 min.  60 min.  Other:       minutes

**Present**:  Adult Male  Adult Female  Child Male  Child Female  Other:

**Billing Code:**  90791 (eval)  90834 (45 min. therapy)  90837 (60 min. therapy)  90847 (family)  Other:

|  |  |  |
| --- | --- | --- |
| **Symptom(s)** | **Duration and Frequency Since Last Visit** | **Progress** |
| 1: |  |  |
| 2: |  |  |
| 3: |  |  |

*Explanatory Notes on Symptoms:*

**In-Session Interventions and Assigned Homework**

**Client Response/Feedback**

**Plan**

Continue with treatment plan: plan for next session:

Modify plan:

*Next session*: Date:      Time:      :       am/ pm

**Crisis Issues**:  No indication of crisis/client denies Crisis assessed/addressed: describe below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Clinician’s Signature, License/Intern Status Date

**Case Consultation/Supervision** Not Applicable

*Notes:*

**Collateral Contact** Not Applicable

Name:       Date of Contact:       Time:      :      am/pm

Written release on file:  Sent/ Received  In court docs  Other:

*Notes*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Clinician’s Signature, License/Intern Status Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Supervisor’s Signature, License Date