**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