CLINICAL PROGRESS NOTE

Client Name / ID: _____ **Date:** _____

Diagnosis (DSM-5/ICD-10): _____

Time: _____ to _____ **Total Min:** _____ **Format:** ☐ In-Person ☐ Video ☐ Audio

1. MENTAL STATUS & PRESENTATION

Appearance: ☐ Well-groomed ☐ Disheveled ☐ Fatigued ☐ Appropriate ☐ Other: _____

Mood *(Reported)*: ☐ Euthymic ☐ Anxious ☐ Depressed ☐ Irritable ☐ Elevated ☐ Angry ☐ Apathetic ☐ Hopeless ☐ Euphoric ☐ Overwhelmed

Affect *(Observed)*: ☐ Broad/Normal ☐ Blunted/Flat ☐ Labile ☐ Tearful ☐ Restricted ☐ Expansive ☐ Anxious

☐ Congruent with mood ☐ Incongruent with mood ☐ Other: _____

Risk Assessment: ☐ Low/No Risk ☐ Ideation present *(Note safety plan below)* ☐ Harm to others

2. MEDICATION & PSYCHIATRY REFERRAL

New Medication or Dosage Change? ☐ No ☐ Yes: _____

Medication Compliance/Improvement Noted? ☐ Yes ☐ No ☐ N/A

Areas of Concern / Referral Needed? ☐ No ☐ Yes *(Explain below)*

_____

3. TREATMENT GOALS & SESSION DETAILS

Treatment Goal(s) Addressed Today: _____

Progress Toward Goal: ☐ Regressed ☐ No Change ☐ Minimal ☐ Moderate ☐ Met

Primary Modality Used: ☐ CBT ☐ DBT ☐ ACT ☐ EMDR ☐ Psychodynamic ☐ Solution-Focused ☐ Other: _____

Key Notes / Themes Discussed: *(Symptom progress, topics explored, client's response)*

Interventions Used by Therapist: *(Cognitive restructuring, grounding, psychoeducation, etc.)*

4. PLAN & NEXT STEPS

Homework / Action Items for Client:

1. _____
2. _____

Next Session / Time Between Sessions: ☐ 1 Week ☐ 2 Weeks ☐ 1 Month ☐ As Needed ☐ Discharged

Next Appointment Date/Time: _____

Provider Signature & Credentials: _____ **Date:** _____