

Progress Notes

Client's Name: _____ Date _____ Session # _____

General Content of Session:

Interventions and Responses:

Changing Goals and Progress: (DSM?, GAF?)

Transference–Countertransference Themes, Reactions, and Processes:

Check if Applicable:

_____ Suicidal risk	_____ Follow-ups
_____ Homicide risk	_____ Referrals
_____ Diminished capacities	_____ New issues
_____ Mandated report	_____ Demonstrates improvement

Explain Items Checked:

Therapist's Signature _____ Supervisor's Signature _____

Date _____ Date _____