

**PSYCHOTHERAPY SESSION OVERVIEW**  
**(To be placed in Medical Record)**

Date: \_\_\_\_\_ Time (circle a.m. or p.m.): From \_\_\_\_\_ a.m. / p.m. To \_\_\_\_\_ a.m./ p.m.

Diagnosis: \_\_\_\_\_ SessionType:  Individual  Family  Group  Intake  Phone

**Focus of Session:**  Engagement/joining  Assessment/planning  Relationships  Relapse

Family conflict  Symptom management (e.g., depression, anxiety, behavior, anger, \_\_\_\_\_.)

problem resolution  Termination  Trauma/crisis intervention  Review of status/coping/current functioning

Other: \_\_\_\_\_

**Response of client (to interventions/session):**

Positive, agreeable  Negative, oppositional  Neutral, non-committal  Other: \_\_\_\_\_

**Progress toward goals (as of this session, client is generally....):**

meeting goals and objectives as planned (excellent to good progress): \_\_\_\_\_

somewhat meeting goals and objectives (slow to fair progress): \_\_\_\_\_

not meeting goals and objective (lack of progress: describe plan to address above):

new complications/newly identified problems: \_\_\_\_\_

deteriorating or in crisis: \_\_\_\_\_

other: \_\_\_\_\_  N/A: assessment session

**Plans for the future:**

see client to continue treatment plan in \_\_\_\_\_ days (or) \_\_\_\_\_ weeks.

client will call back as needed for an appointment

will call client in \_\_\_\_\_ days (or) \_\_\_\_\_ weeks to check on needs.  referral to/appt. with: \_\_\_\_\_

prepare for termination  terminate active treatment close case in \_\_\_\_\_ months.  close case

Treating Therapist: \_\_\_\_\_ Date \_\_\_\_\_

Supervising Psychologist: \_\_\_\_\_ Date \_\_\_\_\_

Psychological Evaluation Dictated - Job# \_\_\_\_\_

