

**PSYCHOTHERAPY NOTES**

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

Diagnosis: \_\_\_\_\_ Session Type:  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: \_\_\_\_\_

**Client's statements, behavior, and condition:**

**Therapist's interventions, assessment, impression, and implementation of treatment plan:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> gave interpretations                    | <input type="checkbox"/> engaged client             | <input type="checkbox"/> normalized feelings                             |
| <input type="checkbox"/> provided structure                      | <input type="checkbox"/> provided support           | <input type="checkbox"/> provided crisis intervention                    |
| <input type="checkbox"/> provided information                    | <input type="checkbox"/> reassured client           | <input type="checkbox"/> provided reality testing                        |
| <input type="checkbox"/> provided feedback                       | <input type="checkbox"/> explored feelings          | <input type="checkbox"/> modeled appropriate behavior                    |
| <input type="checkbox"/> challenged irrational thinking, beliefs | <input type="checkbox"/> confronted behavior        | <input type="checkbox"/> clarified feelings                              |
| <input type="checkbox"/> reinforced gains/insight                | <input type="checkbox"/> clarified communication    | <input type="checkbox"/> gave suggestions, advice, instructions          |
| <input type="checkbox"/> reviewed TP progress                    | <input type="checkbox"/> allowed ventilation        | <input type="checkbox"/> set limits                                      |
| <input type="checkbox"/> made referral: _____                    | <input type="checkbox"/> established treatment plan | <input type="checkbox"/> gathered data                                   |
| <input type="checkbox"/> active listening                        | <input type="checkbox"/> reinforced meds. Mgmt.     | <input type="checkbox"/> instilled hope/set expectation for pos. outcome |
| <input type="checkbox"/> provided education                      | <input type="checkbox"/> estab. behavioral contract | <input type="checkbox"/> gave assignments: _____                         |

**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 \_\_\_\_\_



018b

PT.

MR.#/RM.

DR.