

Client Name and Date of Birth _____

Date of Session _____ Time Start _____ Time Stop _____

Clinical observations Symptoms and prognosis Progress and/or lack of progress Client's affect, behavior, response or reaction to clinical interventions	
I Focus of clinical attention & behavioral indicators	
III Change in physical symptoms, prescriptions or self-medication	
IV Psychosocial and environmental problems	-/+
Primary support group	
Social environment	
Educational	
Occupational	
Housing	
Economic	
Healthcare	
Legal	
Other	
Issues related to informed consent Clinical tests/consultations: new and/or results Referrals made/reasons Collaboration with others	
Crisis Issues Safety issues – danger to self/others Abuse issues – children, dependent adults, domestic violence Emergent/acute issues Legally required action taken and/or ethical judgment exercised	

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Treatment plan

Priority goal
Desired behavioral change
Nature of ambivalence
Intended client action
Resources needed

LCSW's recommendations

Termination

Issues that are relevant to the termination process

Forms completed this session

- 01 Intake Form
- 02 Informed Consent
- 03 Financial Ledger
- 04 Personal Status Inventory
- 05 PHQ9-GAD7
- 06 Multi-axial Assessment
- 07 Progress Note and Treatment Plan
- 08 Consent-Authorization to Release Information
- 09 Discharge Summary
- 10 Fax Cover

Next appointment

Therapist Signature and Date: