

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:

Focus of Clinical Attention & Behavioral Indicators

Change in physical indicators, prescriptions or self-medication

Psychosocial and environmental problems	-/+
Primary support group	
Social environment	
Educational	
Occupational	
Housing	
Economic	
Healthcare	
Legal	
Other	

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Issues related to informed consent

Client request for records:

Client intent to submit to insurance:

Referral to or from another provider:

Legal proceeding:

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:

Treatment plan

Priority goal:

Desired behavioral maintenance or change:

Nature of ambivalence:

Client's intended action:

Resources needed:

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Therapist's Recommendations

Termination Issues

Forms completed this session

01 Intake Form <input type="checkbox"/>	07 Progress Note and Treatment Plan <input checked="" type="checkbox"/>
02 Informed Consent <input type="checkbox"/>	08 Consent to Release Information <input type="checkbox"/>
03 Financial Ledger <input type="checkbox"/>	09 Discharge Summary <input type="checkbox"/>
04 Personal Status Inventory <input type="checkbox"/>	10 Fax Cover <input type="checkbox"/>
05 PHQ9-GAD7 <input type="checkbox"/>	Other
06 DSM5 Assessment <input type="checkbox"/>	Other

Next appointment _____

Therapist Signature and Date:

The therapist that facilitated this consent/authorization is a supervised intern.
 Printed Therapist Intern Name and BBS Registration Number:

Reviewed by Victor Bloomberg, LCSW (Signature and Date)