Progress Note

Family Guidance Centers

Patient Name:_____

Patient Date of Birth: _____ / _____ / _____

Start/Stop Time: _____ Date: _____

Procedure Code(s): ☐ 90832 ☐ 90834 ☐ 90837 ☐ 90846 ☐ 90847 ☐ 90785 Dx Code(s): _____

Goal Progress: ☐ Deterioration ☐ No progress ☐ Small long-term progress ☐ Small progress since last mtg
☐ Significant long-term progress ☐ Significant progress since last mtg ☐ Goals achieved

Current Symptoms/Severity:

Current Functioning: ☐ Severely impaired ☐ Moderately impaired ☐ Mildly impaired ☐ Little to no impairment

Area(s) of Impairment:

Change in Diagnosis? ☐ No ☐ Yes:

Risk Assessment:

Suicide Risk:	☐ Denies	☐ Ideation	☐ Intent	☐ Plan	☐ Attempt
Danger to Others:	☐ Denies	☐ Ideation	☐ Intent	☐ Plan	☐ Attempt

Other Safety Concerns:

Person's Served Mood: ☐ Stable ☐ Depressed/Sad ☐ Anxious ☐ Angry ☐ Hopeful ☐ Other:

Interventions Used:

☐ Cognitive Therapy	☐ Trauma Counseling	☐ Skill Building in:	☐ Assessment
☐ Behavioral Therapy	☐ Building Insight	☐ Communication	☐ Eval of homework
☐ Narrative Therapy	☐ Client Empowerment	☐ Relaxation	☐ Compliance Monitoring
☐ Solution-focused Therapy	☐ Crisis Management	☐ Social skills	☐ Treatment Planning
☐ Supportive Psychotherapy	☐ Homework/Exercises	☐ Parenting	☐ Other: _____
☐ Systemic Therapy	☐ Psycho-education	☐ Anger mgmt._____	
☐ Play Therapy	☐ Building Self-Esteem	☐ _____	

Patient Response:

Treatment Plan: Next appt to be scheduled for _____ days from today to: ☐ decrease symptoms ☐ improve functioning
☐ consolidate gains ☐ improve compliance ☐ prepare for discharge ☐ Other: _____

Notes: Continue on back? ☐ YES ☐ NO

Clinician Signature _____ Date _____