

Progress Note, Treatment Plan, Conclusion Summary | 2023

Client Name and Date of Birth _____

Date of Session _____ Time Start _____ Time Stop _____

Location of Client During Session:

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

Client Name and Date of Birth _____

Date of Session _____ Time Start _____ Time Stop _____

Location of Client During Session:

Physical indicators, prescriptions or self-medication

Psychosocial and Environmental Strengths and/or Problems

Primary support group

Social environment

Educational

Occupational

Housing

Economic

Healthcare

Legal

Other

Issues related to Authorization or 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

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Location of Client During Session:

Treatment Plan

Priority goal

Desired behavioral maintenance or change

Nature of ambivalence

Client's intended action

Resources needed

Recommendations

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Date of Session _____ Time Start _____ Time Stop _____

Location of Client During Session:

Conclusion of Therapy Issues

Forms completed this session

01 Intake Form <input type="checkbox"/>	05 Progress, Plan, Conclusion Note <input checked="" type="checkbox"/>
02a Informed Consent <input type="checkbox"/>	06 Authorization <input type="checkbox"/>
02b Telehealth <input type="checkbox"/>	07 Consent <input type="checkbox"/>
03 DSM-V <input type="checkbox"/>	Other
04 Personal Health Questionnaires <input type="checkbox"/>	Other

Next appointment _____

Victor Bloomberg, EdD, LCSW Signature and Date: