

CLINICAL NOTES

Case Name _____ Therapist _____

Date _____ Session # _____ Ind _____ Cple _____ Fam _____ Grp _____ .5hr _____ 1hr _____ 1.5hr _____ Other _____

People present _____

Assessment _____ Ongoing therapy _____ Progress update (@6-10 sessions) _____ Crisis intervention _____ Other _____

Issues/Symptoms/Intervention _____

Social Ideation (if applicable) _____

Homicidal ideation(if applicable) _____

Mental status / DX change (if applicable) _____

Medical, Psychiatric, or other referral (if applicable) _____

Treatment plan change (if applicable, w/est. #future sessions _____

Session supervised by (if applicable) _____ Signature _____

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