|  |  |
| --- | --- |
| **Session Date** |  |
| **Service Type / CPT Code** |  |
| **START AND STOP TIME** |  |
| **Other Attendees:** |  |
| **DATA**Focus of session, topics discussed, what client tells you about problem and symptoms. Relate to diagnosis, use quotes, and include specific details (frequency, severity, duration, etc) and impact on functioning. Include status of risk issues, if any (substance abuse, danger to self/others, etc) |   |
| **Assessment:**  Therapist thoughts and assessment of client progress and of the medical necessity for treatment. Assess barriers to progress or regression. Describe unusual appearance, thinking, and/or behavior. Note changes to diagnosis. |  |
| **PLAN:**What did you do, what do you plan to do? Include therapist in-session Interventions (ex. "cognitive reframing, "taught progressive relaxation"), referrals, homework assigned. Include reminders for planned actions for future sessions, and changes to treatment plan (ongoing lack of progress should lead to change in treatment plan. |  |
| **NEXT SESSION** **DATE**  (note reason, if frequency change) |  |
| Therapist signature with license/certification |  |