



Individual Progress Note

Client Name _____ Case # _____

Date of Service: _____ Start Time: _____ End Time: _____

DNKA Reason: Explain in the Interventions Provided and Client's Response box below.

Type of Service: Individual Counseling Family Counseling

Other: _____

Appointment was: Scheduled/Routine Follow-up/Random

Crisis Intervention

Client Presentation

Orientation: Person Place Time

Affect: Appropriate Restricted Flat

Labile Other: _____

Mood: Dysthymic Euthymic Elated

Anger Anxious Manic

Other: _____

Thought Content: Hallucinations Delusions Grandiose

Illusions N/A Other: _____

Risk: Suicidal Ideation Acute Psychosis Homicidal Ideation

N/A Other: _____

If Risk involved, please check as appropriate: Plan Intent

Attempt Other: _____

Client Name _____ Case # _____

Goal/Objective:

Interventions Provided and Client's Response:

If formal review of treatment during this session, explain client's overall progress and movement toward discharge criteria:

Client Signature (optional): _____ **Date** _____

Staff Signature/Credentials: _____ **Date** _____

Supervisor's Signature/Credentials: _____ **Date** _____