

**Progress Note**

**Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Visit date/time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mood/Affect**

 Happy

 Tearful

 Anxious

 Nervous

 Sad

 Worried

 Indifferent

 Flat

 Angry

 Aggressive

 Depressed

 Calm

 Withdrawn

 Fearful

 Worried

 Frustrated

 Irritable

**Substance Abuse Issues**

 Yes

 No

**Medications**

 Yes

 Non-compliant

 No

 Most recent psych appt outcome

**Self-Harm, Suicidal Ideation, Homicidal Ideation or Tarasoff**

 No

 Yes

 Plan

 Means

 Intent

 Intervention/Crisis Management Plan

 Willing to Safety Plan

**Presenting concern**

**Intervention**

**Response**

**Additional information**

**Provider Signature/degree:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**NPI#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_