**Progress Note**

**Patient Information**

Name:

DOB:

**Session Information**

Date:

Start Time:

End Time:

CPT code *(90832, 90834, 90837, 90846, 90847*):

**Clinical**

Diagnosis:

Subjective *(patient report*):

Objective (*factual account of what was observed, mental health status*):

Assessment:

 Risk Assessment (*SI, HI, DV, unsafe environment*):

 If Yes, identify safety plan:

Clinical Intervention:

Progress:

Plan:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_