**Progress Note Template**

Video Telehealth (Y/N):

Client location during session *(e.g., home; state of residence*):

**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:

Client response to clinical Interventions

Progress in treatment

Plan:

Clinical Questionnaire Results (*e.g, PHQ-9 score of 12*)

*Electronically signed and dated with provider name and credentials*