
Progress Note

Client Name: John Doe
Date of Session: 04/12/2016
Therapist:
Admission Date:

Objective(s) Addressed:

Objective Addressed: John will complete Step 1 assignments and pass off with staff member.

Mental Status:

Affect: Appropriate	Mood: Appropriate
Thought Content/Process: Appropriate	Speech: Normal Rate and Rhythm
Concentration: Focused	Self-Harm/Suicide Risk: None
Danger Risk: None	Orientation: Person (Times 1)

Data:

Type info here

Assessment:

Type info here

Plan:

Type info here

Therapist Signature: