

FAR WEST CLIENT PROGRESS NOTES

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A. Client and Session Information

Client(s): _____ Date: _____

Employer: _____ Session # _____ of _____ (total sessions)

Client: On time Late by _____ Minutes No Show Late cancel

Mode of Treatment: Individual Couple Family Others Present: _____

B. Topics / Issues Discussed

- Marriage/Relationship(s)
- Compounding Life Stressors
- Identity/Life transition (divorce, retirement)
- Workplace Problem
- Alcohol/Drug Problem
- Childhood/Family of Origin
- Child/Youth behavioral issues
- Parenting issues
- Self-esteem
- Grief & loss/Trauma
- Depression/Anxiety
- Other _____

C. Treatments / Interventions / Techniques

- Insight development
- Behavior Modification
- Cognitive therapy
- Psycho-Education
- Client-Centered
- Skill development (coping, communication, etc)
- Goal development/Problem Solving
- Supportive counseling/venting
- Play Therapy / Art therapy / Music Therapy
- Homework Assignment(s)
- EFT
- Other _____

Notes:

D. Assessments

1. **Mood:** Normal Anxious Depressed Angry Euphoric
2. **Affect:** Appropriate Intense Blunted Incongruent Labile
3. **Mental Status:** Normal Memory difficulty Concentration Difficulty Disoriented
 Other: _____

E. Suicide/Homicide Risk Assessment

1. Client demonstrates current risk. Yes No (If yes, complete Risk Assessment form)
2. Safety Plan on file. Yes No

F. Response to Treatment Intervention(s), this session (check all that apply)

- Cooperative Responsive Good prognosis Passive Guarded Defensive
- Resistant Suspicious Lacks insight

G. Referrals: _____

H. Next appointment scheduled for: _____ at _____ PM AM

Therapist's Signature: _____