

PROGRESS NOTES

Client Name _____
(Please use initials)

Diagnosis _____

Date _____ CPT Code _____

Topics, Symptoms Discussed Today

Other Key Events Discussed

Mental Status Concerns (stable, unstable)

Progress (status quo, improving, getting worse)

Intervention(s) in Session and follow-up:

Therapist Signature _____

Supervisor Signature _____

Date _____

Date _____ CPT Code _____

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