


## Counseling Progress Note

Client Name:		Client ID:	
<b>Issue(s) presented today:</b>			
<input type="checkbox"/> symptoms or impairment such as attitudes about illness:			
<input type="checkbox"/> early life experiences:			
<input type="checkbox"/> emotional distress:			
<input type="checkbox"/> maladaptive behavior patterns:			
<input type="checkbox"/> personality growth and development:			
<input type="checkbox"/> stabilization of mental status or functioning:			
<input type="checkbox"/> issues related to establishing therapeutic relationship:			
<input type="checkbox"/> coping strategies or techniques:			
<input type="checkbox"/> other:			
<b>Goal(s)/Objective(s) Addressed from ISP:</b>			
<b>Recommended Revision to ISP:</b> <input type="checkbox"/> None <input type="checkbox"/> Revise ISP			
<b>Therapeutic interventions provided OR Group Topic/Activity/Intervention</b>			
<b>Response to intervention/Progress toward goals OR Group Participation</b>			
<b>Additional information/Plan</b>			
<b>Provider Signature/Credential:</b>		<b>Client Signature (Optional Based on Client Preference):</b>	
<b>Date:</b>		<b>Date:</b> _____	
<b>Counter-Signature/Credential:</b>		<b>Date:</b> _____	
<b>Date/Time of next Appointment:</b>		<b>Client rating of progress:</b> (write number in box) Have you made progress toward your goals today?  ( Not Rated = 0; None = 1 Some Progress = 2; or Good Progress= 3	