CLIENT PROGRESS NOTES

Name	Date	DX	Payor

MENTAL STATUS

Appearance:
___ poor hygiene ___ disheveled ___ inappropriate attire ___ well-groomed

Sensorism:
Oriented to: ___ person ___ place ___ time ___ situation

Functioning:
___ alert/oriented ___ disoriented/incoherent ___ confused ___ impaired judgment ___ impaired insight
___ memory impairment ___ short term ___ long term ___abnormal movements ___ tremors
___ tangential ___psychomotor retardation ___ weight loss ___ weight gain

Speech:
___ normal ___ rapid ___ slow ___ monotone ___ pressured

Behavior:
___ cooperative ___ uncooperative ___ threatening ___ agitated ___ aggressive

Mood/Affect:
___ congruent ___ blunted/flat ___ labile ___ depressed/sad ___ anxious ___ irritable ___ angry
___ hostile ___ intense ___ hopeless/helpless ___ worthless ___ anhedonia ___ euthymic ___ euphoria

Daily Patterns:
___ insomnia ___ hypersomnia ___ nightmares ___ decreased libido ___ increased libido ___ fatigue
___ angry outbursts ___ increased tearfulness ___ social isolation ___ decreased work/school performance
___ no impairment in daily patterns

Thought Content:
___ no suicidal ideation ___ suicidal ideation ___ intent ___ loosening of association ___ flight of ideas
___ plan/means_____ ___ attempts _____
___ hallucinations (circle type) auditory visual olfactory tactile
___ delusions (circle type) paranoid grandiose bizarre erotic

NOTES