## 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