

Affix CLIENT labelGreater Cincinnati Behavioral Health Services
Counseling Progress NoteAffix STAFF label

| | | | | |
|--|---|---|----|---|
| Client Name: | | Client ID: | | |
| Staff Name: | | Staff ID: | | |
| Date of Service | | | | |
| M | M | D | D | Y |
| Y | Y | Y | Y | Y |
| Start Time | | ■ | ■ | ■ |
| End Time | | ■ | ■ | ■ |
| am | | am | pm | pm |
| Program: <input type="checkbox"/> CTU <input type="checkbox"/> Counseling Team: <input type="checkbox"/> HE-face-to-face <input type="checkbox"/> HQ-group # in group | | | | |
| Client Location (check only one) <input type="checkbox"/> 53-GCB <input type="checkbox"/> 12-Client Home <input type="checkbox"/> 99-Community <input type="checkbox"/> 51-Summit <input type="checkbox"/> 09-Incarcerated <input type="checkbox"/> UK- client not present Date entered: | | | | |
| Observed/Reported changes in condition: | | | | |
| <input type="checkbox"/> None | | | | |
| Stressors/Extraordinary Events: | | | | |
| <input type="checkbox"/> None <input type="checkbox"/> No significant change from last visit | | | | |
| Client Condition | | | | |
| Appearance | | | | |
| <input type="checkbox"/> appropriate | | <input type="checkbox"/> casual and neat | | <input type="checkbox"/> fastidious |
| <input type="checkbox"/> inappropriate | | <input type="checkbox"/> unkempt | | <input type="checkbox"/> disheveled |
| <input type="checkbox"/> cooperative | | <input type="checkbox"/> guarded | | <input type="checkbox"/> aggressive |
| <input type="checkbox"/> unusual/bizarre | | <input type="checkbox"/> impulsive | | <input type="checkbox"/> fearful |
| <input type="checkbox"/> clear & coherent | | <input type="checkbox"/> impoverished | | <input type="checkbox"/> rapid |
| <input type="checkbox"/> fragmented | | <input type="checkbox"/> disordered | | <input type="checkbox"/> loose |
| <input type="checkbox"/> none | | <input type="checkbox"/> phobias | | <input type="checkbox"/> concrete thinking |
| <input type="checkbox"/> overvalued ideas | | <input type="checkbox"/> ideas of reference | | <input type="checkbox"/> poverty of thought |
| <input type="checkbox"/> none | | <input type="checkbox"/> depersonalization | | <input type="checkbox"/> derealization |
| <input type="checkbox"/> illusions | | <input type="checkbox"/> tactile | | <input type="checkbox"/> olfactory |
| <input type="checkbox"/> appropriate | | <input type="checkbox"/> inappropriate | | <input type="checkbox"/> expansive |
| <input type="checkbox"/> congruent | | <input type="checkbox"/> incongruent | | <input type="checkbox"/> labile |
| <input type="checkbox"/> full range | | <input type="checkbox"/> constricted | | <input type="checkbox"/> blunted |
| <input type="checkbox"/> euthymia | | <input type="checkbox"/> elevated | | <input type="checkbox"/> euphoria |
| <input type="checkbox"/> anxious | | <input type="checkbox"/> depressed | | <input type="checkbox"/> dysphoria |
| <input type="checkbox"/> oriented x 3 | | <input type="checkbox"/> not time | | <input type="checkbox"/> not place |
| <input type="checkbox"/> present | | <input type="checkbox"/> adequate | | <input type="checkbox"/> limited |
| <input type="checkbox"/> good | | <input type="checkbox"/> fair | | <input type="checkbox"/> impaired |
| <input type="checkbox"/> good | | <input type="checkbox"/> fair | | <input type="checkbox"/> poor |
| <input type="checkbox"/> good | | <input type="checkbox"/> fair | | <input type="checkbox"/> grossly inadequate |

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