

Affix CLIENT label**Counseling Progress Note**Affix STAFF label

Client Name:

Client ID:

Staff Name:

Staff ID:

Date of Service

M M

D D

Y Y Y Y

Start Time

:

am
pm

End Time

:

am
pmProgram: ☐ CTU ☐ Counseling Team: Service Code: H0004 ☐ HE-face-to-face ☐ HQ-group # in groupClient Location (check only one) ☐ 53-GCB ☐ 12-Client Home ☐ 99-Community ☐ 51-Summit ☐ 09-Incarcerated ☐ UK- client not present Date entered:

Observed/Reported changes in condition:

☐ None

Stressors/Extraordinary Events:

☐ None ☐ No significant change from last visit**Client Condition****Appearance**☐ appropriate ☐ casual and neat ☐ fastidious ☐ unusual/bizarre ☐ poor hygiene
☐ inappropriate ☐ unkempt ☐ disheveled ☐ appears younger ☐ apprehensive
☐ appears older ☐ other:**Behavior**☐ cooperative ☐ guarded ☐ aggressive ☐ passive ☐ agitated
☐ unusual/bizarre ☐ impulsive ☐ fearful ☐ dramatic ☐ other:**Stream of Thought**☐ clear & coherent ☐ impoverished ☐ rapid ☐ flight of ideas ☐ incoherent
☐ fragmented ☐ disordered ☐ loose ☐ tangential ☐ other:**Abnormalities of Thought Content**☐ none ☐ phobias ☐ concrete thinking ☐ paranoid ideation ☐ delusions
☐ overvalued ideas ☐ ideas of reference ☐ poverty of thought ☐ obsessions ☐ other:**Perceptual Disturbances**☐ none ☐ depersonalization ☐ derealization ☐ auditory ☐ visual
☐ illusions ☐ tactile ☐ olfactory ☐ other:**Affect**☐ appropriate ☐ inappropriate ☐ expansive ☐ guilty ☐ bright
☐ congruent ☐ incongruent ☐ labile ☐ heightened ☐ depressed
☐ full range ☐ constricted ☐ blunted ☐ flat ☐ other:**Mood**☐ euthymia ☐ elevated ☐ euphoria ☐ angry/irritable ☐ apprehensive
☐ anxious ☐ depressed ☐ dysphoria ☐ apathetic ☐ other:**Orientation**☐ oriented x 3 ☐ not time ☐ not place ☐ not person**Insight**☐ present ☐ adequate ☐ limited ☐ impaired ☐ faulty**Judgment**☐ good ☐ fair ☐ impaired ☐ poor ☐ grossly inadequate