GROUP THERAPY PROGRESS NOTE

CLIENT NAME:	NAME OF GROUP:
DATE/TIME (of group note):	PROBLEM/NEED:
LEADER:	GROUP SCHEDULE:
The client attended group(s) this week on the following dates: group(s) this week on the following dates: GROUP CONTENT:	
PROGRESS MADE TOWARD GOAL: Yes No PLAN:	
APPEARANCE (Check all that apply):	
HYGIENCE & GROOMING: Clean Neat/Well Groomed Disheveled Dirty POSTURE & GAIT: Normal Limps Rigid/Tense Involuntary Movement	
Significant change throughout the week. Please see comments below.	
ATTENTION: Normal Inattentive Distractible Confused ATTITUDE: Cooperative Unimerested Resistant Hostile Irritable Suspicious Paranoid AFFECT & MOOD: Normal Anxious Depressed Labile Euphoric THOUGHTS: Goal-directed Circumstantial Loose associations INTERPERSONAL: Showed empathy Discussed meaningful personal issues Provided helpful feedback Attention-seeking Disruptive Not respectful of others Significant change throughout the week. Please see comments below.	
SIGNATURE:	
CSH - 104	Stamp Plate