

BRIEF SESSION NOTE

Client: _____ Date: _____

Session #: _ Duration: _ Next Appointment: _____

SESSION SUMMARY

Client's Presentation: ☐ Improved ☐ Same ☐ Worse ☐ Crisis

Mood: ☐ Good ☐ Okay ☐ Low ☐ Anxious ☐ Irritable ☐ Mixed

Functioning (1-10): _____ **Change:** ☐ Better ☐ Same ☐ Worse

PROGRESS UPDATE

Since Last Session: ☐ Significant improvement ☐ Some improvement ☐ No change ☐ Some decline ☐ Significant decline

Homework Completion: ☐ Completed ☐ Partial ☐ Not done ☐ N/A

Key Changes/Events:

TODAY'S FOCUS

Primary Topic:

Interventions Used: ☐ CBT techniques ☐ Mindfulness ☐ Problem-solving ☐ Skill practice ☐ Processing emotions ☐ Psychoeducation ☐ Other: _____

Client Response: ☐ Very engaged ☐ Engaged ☐ Somewhat engaged ☐ Resistant

CURRENT STATUS

Symptoms: ☐ Depression: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Anxiety: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Other: _____

Sleep: ☐ Good ☐ Fair ☐ Poor **Appetite:** ☐ Good ☐ Fair ☐ Poor

Safety: ☐ No concerns ☐ Suicidal thoughts ☐ Self-harm urges ☐ Risk to others
Details: _____

PLAN

Homework/Tasks: 1. _____ 2. _____

Next Session Focus:

Frequency: ☐ Continue weekly ☐ Bi-weekly ☐ Monthly ☐ As needed

Referrals/Actions: ☐ None ☐ Medical ☐ Psychiatric ☐ Other: _____

GOAL PROGRESS

Goal 1: __ **Progress:** ☐ Met ☐ Progress ☐ No change ☐ Decline **Goal 2:** __ **Progress:**
☐ Met ☐ Progress ☐ No change ☐ Decline **Goal 3:** _____ **Progress:** ☐ Met ☐ Progress
☐ No change ☐ Decline

Therapist: _____ **Date:** _____

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