

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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