

# THERAPY FOLLOW-UP SESSION NOTE

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Client: \_\_\_\_\_ Date: \_\_\_\_\_

Session #: \_\_\_\_\_ Duration: \_\_\_\_\_ Type: ☐ Individual ☐ Family ☐ Group

Therapist: \_\_\_\_\_ Next Appointment: \_\_\_\_\_

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## SESSION OVERVIEW

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

Mood/Affect: ☐ Euthymic ☐ Depressed ☐ Anxious ☐ Irritable ☐ Elevated ☐ Labile

Overall Functioning (1-10): \_\_\_\_\_ Change from last session: ☐ Better ☐ Same ☐ Worse

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## PROGRESS SINCE LAST SESSION

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Homework/Between-Session Tasks: ☐ Completed ☐ Partially completed ☐ Not completed ☐ N/A

Details: \_\_\_\_\_

Symptom Changes: ☐ Significant improvement ☐ Some improvement ☐ No change  
☐ Some worsening ☐ Significant worsening

Specific Changes:

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Medication Changes: ☐ None ☐ Dose adjustment ☐ New medication ☐ Discontinued medication Details: \_\_\_\_\_

**Life Events/Stressors:** ☐ None ☐ Work/school ☐ Relationships ☐ Family ☐ Health ☐ Financial ☐ Legal **Details:** \_\_\_\_\_

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## TODAY'S SESSION CONTENT

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**Primary Focus:** ☐ Crisis intervention ☐ Symptom management ☐ Skill building ☐ Processing emotions ☐ Relationship issues ☐ Trauma processing ☐ Behavioral changes ☐ Medication review ☐ Other: \_\_\_\_\_

**Topics Discussed:**

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**Interventions Used:** ☐ Cognitive restructuring ☐ Behavioral activation ☐ Mindfulness ☐ Exposure ☐ EMDR ☐ Psychoeducation ☐ Problem-solving ☐ Communication skills ☐ Relaxation techniques ☐ Grounding exercises ☐ Other: \_\_\_\_

**Client Response to Interventions:** ☐ Very engaged ☐ Engaged ☐ Somewhat engaged ☐ Resistant ☐ Overwhelmed

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## CURRENT SYMPTOMS ASSESSMENT

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**Depression Symptoms:** ☐ None ☐ Mild ☐ Moderate ☐ Severe **Specific symptoms:** \_\_\_\_\_

**Anxiety Symptoms:** ☐ None ☐ Mild ☐ Moderate ☐ Severe **Specific symptoms:** \_\_\_\_\_

**Sleep:** ☐ Normal ☐ Difficulty falling asleep ☐ Frequent waking ☐ Early waking ☐ Oversleeping

**Appetite:** ☐ Normal ☐ Decreased ☐ Increased ☐ Significant changes

**Energy Level:** ☐ Normal ☐ Low ☐ Very low ☐ High ☐ Fluctuating

**Concentration:** ☐ Normal ☐ Mild difficulty ☐ Moderate difficulty ☐ Severe difficulty

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## SAFETY ASSESSMENT

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**Suicidal Ideation:** ☐ None ☐ Passive ☐ Active without plan ☐ Active with plan ☐ Intent

**Self-Harm Behaviors:** ☐ None ☐ Thoughts ☐ Urges ☐ Recent behavior

**Risk to Others:** ☐ None ☐ Thoughts ☐ Threats ☐ Concerning behavior

**Substance Use:** ☐ None ☐ As prescribed ☐ Occasional use ☐ Regular use ☐ Concerning use

**Overall Risk Level:** ☐ Low ☐ Moderate ☐ High ☐ Imminent danger

**Safety Plan:** ☐ Reviewed ☐ Updated ☐ Created ☐ Not needed

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## THERAPEUTIC RELATIONSHIP

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**Rapport:** ☐ Excellent ☐ Good ☐ Fair ☐ Strained ☐ Poor

**Client Engagement:** ☐ Highly engaged ☐ Engaged ☐ Moderately engaged ☐ Minimally engaged ☐ Disengaged

**Therapeutic Alliance:** ☐ Strong ☐ Good ☐ Developing ☐ Weak ☐ Ruptured

**Resistance/Barriers:** ☐ None ☐ Ambivalence ☐ Fear ☐ Shame ☐ External pressures ☐ Cognitive limitations **Details:** \_\_\_\_\_

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## GOAL PROGRESS

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**Goal 1:** \_\_\_\_\_ **Progress:** ☐ Achieved ☐ Significant progress ☐ Some progress ☐ No progress ☐ Regression

**Goal 2:** \_\_\_\_\_ **Progress:** ☐ Achieved ☐ Significant progress ☐ Some progress ☐ No progress ☐ Regression

**Goal 3:** \_\_\_\_\_ **Progress:** ☐ Achieved ☐ Significant progress ☐ Some progress ☐ No progress ☐ Regression

New Goals Identified:

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## HOMEWORK/BETWEEN-SESSION TASKS

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Assigned Tasks: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Skills to Practice:** ☐ Mindfulness ☐ Deep breathing ☐ Thought challenging ☐ Behavioral activation ☐ Communication skills ☐ Grounding techniques ☐ Journaling ☐ Exercise ☐ Other: \_\_\_\_\_

**Resources Provided:** ☐ Handouts ☐ Apps ☐ Books ☐ Websites ☐ Referrals ☐ Other: \_\_\_\_\_

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## CLINICAL OBSERVATIONS

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**Mental Status:** **Appearance:** ☐ Appropriate ☐ Disheveled ☐ Unusual **Behavior:** ☐ Cooperative ☐ Agitated ☐ Withdrawn ☐ Hyperactive **Speech:** ☐ Normal ☐ Rapid ☐ Slow ☐ Pressured ☐ Quiet **Thought Process:** ☐ Linear ☐ Tangential ☐ Circumstantial ☐ Disorganized **Insight:** ☐ Good ☐ Fair ☐ Poor ☐ Absent **Judgment:** ☐ Good ☐ Fair ☐ Poor ☐ Impaired

**Notable Observations:**

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## TREATMENT PLANNING

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**Current Treatment Approach:** ☐ CBT ☐ DBT ☐ EMDR ☐ Psychodynamic ☐ Humanistic ☐ Solution-focused ☐ Family systems ☐ Trauma-focused ☐ Other: \_\_\_\_\_

**Treatment Modifications Needed:** ☐ None ☐ Frequency change ☐ Approach change ☐ Additional services **Details:** \_\_\_\_\_

**Referrals/Consultations:** ☐ None needed ☐ Psychiatry ☐ Medical ☐ Specialist ☐ Case management ☐ Other: \_\_\_\_\_

**Session Frequency:** ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ As needed ☐ Increase frequency ☐ Decrease frequency

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## NEXT SESSION PLAN

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**Primary Focus for Next Session:**

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**Specific Interventions Planned:**

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**Topics to Address:**

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**Materials Needed:** ☐ Assessment tools ☐ Handouts ☐ Worksheets ☐ Art supplies ☐ Other: \_\_\_\_\_

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## PROGRESS SUMMARY

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**Overall Progress Rating (1-10):** \_\_\_\_\_

**Strengths Demonstrated:**

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**Areas for Continued Work:**

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**Prognosis:** ☐ Excellent ☐ Good ☐ Fair ☐ Guarded ☐ Poor

**Estimated Sessions Remaining:** \_\_\_\_\_

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## THERAPIST NOTES

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**Clinical Impressions:**

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**Countertransference/Personal Reactions:**

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**Supervision/Consultation Needs:** ☐ None ☐ Case discussion ☐ Specific intervention  
☐ Ethical concern ☐ Safety concern ☐ Other: \_\_\_\_\_

**Documentation/Administrative:** ☐ Treatment plan update needed ☐ Insurance  
authorization ☐ Coordination with other providers ☐ Other: \_\_\_\_\_

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**Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**License #:** \_\_ **Credentials:** \_\_

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*Confidential treatment record protected by HIPAA regulations.*