

PROGRESS NOTES

Each entry must include:

- session number and type or contact type
- date and time of session/contact
- session attendee initials
- focus of the session/contact
- brief clinical impressions
- plan and/or homework
- discharge and follow-up information, as appropriate

At the end of each entry:

- signature & credentials
- date of writing

Type of session/contact :

in person – IP
telephone (client) – TC
telephone professional consultation – TP
telephone (workplace) - TW
clinical supervision – CS
referral resource consultation – RC
referral or client follow up – F/U
other (speci fy) - O

DATE/TIME	SESSION/CONTACT	SESSION ATTENDEE INITIALS	
	Session No.:		
	Session or Contact Type:		
ISSUES/THEMES ADDRESSED			
Focus of session/contact:			
Brief clinical impressions:			
Plan and/or homework:			
Signature & credentials:		Date:	
	Session No.:		
	Session or Contact Type:		
ISSUES/THEMES ADDRESSED			
Focus of session/contact:			
Brief clinical impressions:			
Plan and/or homework:			
Signature & credentials:		Date:	