**Psychotherapy Progress Note**

Name:   Fee:

Date:      Duration:

Payment Status: Location:

Overall Level of Functioning:

Affective and Mental State:

Main Themes of the Session:

Main Therapeutic Interventions:

Developments:

Treatment Plan:

Ongoing Issues:

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Signature

**Psychotherapy Progress Note**

Name:   Fee:

Date:      Duration:

Payment Status: Start time:

Stop time:

Subjective (state and experience of client):

Objective (clinical observations):

Assessment (clinical impressions, formulations, therapeutic issues):

Plan (interventions used, treatment plan, clinical developments):

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   Signature