Safe Harbor Christian Counseling PROGRESS NOTE FORM

Client Name: Date:

Insurance ID or SS#: Medications:

CPT Code: Type of Service: __Individual __Family __Group

Date of Birth: Symptoms:

MENTAL STATUS EXAM

Appearance Dress □ Appropriate □ Inappropriate Hygiene □ Good □ Fair □ Poor Eye Contact □ Appropriate □ Fair □ Poor

Manifest Behavior □ Cooperative □ Oppositional □ Passive □ Hostile □ Threatening □ Attention Seeking □ Guarded □ Agitated □ Fidgety □ Psychomotor Retardation □ Clearly Hyperactive □ Slowed Activity □ Tics Present □ Shy □ Intrusive □ Age Appropriate □ Restless

Speech □ Normal Rate □ Pressured □ Excessively Slowed □ Articulation Defect □ Fluent □ Normal Volume □ Soft □ Loud

Affect □ Full Range □ Anxious □ Depressed □ Labile □ Hostile □ Constricted □ Blunt □ Flat □ Inappropriate □ Appropriate

Mood _____(Patient's Words), If applicable

Thought Processes □ Logical □ Circumstantial □ Tangential □ Goal-Directed □ Derailment □ Blocking

Unusual Thought Content □ Suicidal Ideation □ Homicidal Ideation Other _____ □ Not elicited

Perceptual Disturbances □ Auditory □ Visual □ Somatic □ Tactile □ Illusions □ Delusions □ Not elicited

Sleep Disturbances □ None □ Mild □ Moderate □ Severe Comments, if present_____

Eating Habits □ Normal □ Abnormal □ Severe problems Comments, if present_____

Attention □ Age-Appropriate □ Distractible **Concentration** □ Good □ Fair □ Severely Impaired **Insight/Judgment** □ Good □ Fair □ Poor

Other Reported Behavior: Home □ Good □ Fair □ Poor **School/Work** □ Good □ Fair □ Poor **Community** □ Good □ Fair □ Poor

Substance Usage: Current _____ **Past** _____

PROGRESS NOTE:

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Interventions Used: _____

_____

Homework:_____

_____

Diagnosis: _____

GAF: _____

Counselor signature w/degree _____