# 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:** _____

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**Homework:**_____

_____

**Diagnosis:** _____

**GAF:** _____

**Counselor signature w/degree** _____