



Psychiatric Progress Notes

Patient Name _____ DOB _____ Female
 Provider Name _____ Date _____ Male Other

A. Diagnosis

ICD-10: _____ Description: _____
 ICD-10: _____ Description: _____
 ICD-10: _____ Description: _____

B. Patient Presentation

Cognitive Functioning:	
Affect:	
Mood:	
Interpersonal:	
Functioning Status:	

C. Safety Issues

None:	
Action:	
Homicidal Ideation:	
Housing:	
Other:	

C. Medications: None Same New (Name, Amount, Frequency) : _____

D. Symptom Description & Subjective Report: _____

E. Relevant Content See Reverse for Additional Information

F. Interventions Used: _____

G. Treatment Plan Progress & Homework

H. Recommendation: Continue Therapeutic Focus Change Goals Terminate Treatment

Clinician

Date

CPT

ADDITIONAL INFORMATION:

Patient Name

Therapist Name

Date