

1 Patient Information

1 SESSION DETAILS

| | | | |
|---------------|-------|------------------|-------|
| Name: | _____ | Date of Service: | _____ |
| DOB / Age: | _____ | Provider: | _____ |
| MRN: | _____ | Credentials: | _____ |
| Session type: | _____ | Duration: | _____ |

CC Chief Complaint

2 PRIMARY REASON FOR VISIT

Document the primary reason for the visit in concise clinical terms — presenting concern, referral basis, or focus of this session...

S Subjective

3a CURRENT SYMPTOMS & INTERVAL HISTORY

Patient-reported symptoms since last session — current symptom description (anxiety, mood disturbance, stress), duration, frequency, and severity...

3b FUNCTIONAL IMPACT & PRECIPITATING FACTORS

Impact on work, relationships, sleep, and daily activities. Precipitating and exacerbating factors identified. Patient-reported progress or lack of improvement...

3c PERTINENT NEGATIVES

Explicit denial or presence of: suicidal ideation, homicidal ideation, hallucinations, self-harm behaviors, substance use, or other safety concerns...

O Objective — Mental Status Examination

4a APPEARANCE, BEHAVIOR & SPEECH

| | | | |
|---------------------|-------|-----------------------|-------|
| Appearance: | _____ | Psychomotor activity: | _____ |
| Behavior: | _____ | Eye contact: | _____ |
| Speech rate/volume: | _____ | Engagement: | _____ |

4b MOOD & AFFECT

| | | | |
|-------------------|-------|-------------------------|-------|
| Reported mood: | _____ | Affect appropriateness: | _____ |
| Affect range: | _____ | Congruence: | _____ |
| Affect stability: | _____ | Reactivity: | _____ |

4c THOUGHT PROCESS & CONTENT

Thought process: _____
Thought content / preoccupations: _____
Delusions / obsessions: _____
SI / HI (explicitly document): _____

4d PERCEPTION, COGNITION & JUDGMENT

Hallucinations: _____ Insight: _____
Orientation: _____ Judgment: _____
Attention / memory: _____ Safety assessment: _____

A Assessment

5a DIAGNOSIS & CLINICAL STATUS

Primary diagnosis (DSM-5 / ICD-10): _____
Clinical status (improving/stable/worsening): _____
Medical necessity for continued therapy: _____

5b PSYCHOSOCIAL STRESSORS & FUNCTIONAL IMPAIRMENT

Contributing psychosocial stressors — occupational, relational, financial, medical, or situational. Functional impairment level documented...

P Plan

6a THERAPEUTIC MODALITY & INTERVENTIONS

Therapeutic modality continued or modified — CBT, DBT, supportive therapy, EMDR, etc. Interventions performed during this session...

6b SKILLS & HOMEWORK ASSIGNED

Coping skills reviewed or taught, journaling prompts, behavioral activation tasks, thought records, or other between-session assignments...

6c COORDINATION & PATIENT EDUCATION

Coordination of care with other providers (psychiatrist, PCP, case manager). Referrals made. Patient education provided during session...

F Follow-Up

7 NEXT SESSION & MONITORING PLAN

Follow-up in: _____
Next session date: _____
Reassess: _____