



PSYCHOTHERAPY NOTES

For internal use only. Not part of medical records.

Client Initials or Code:

Date:

Session no:

Therapist Name:

Free-Form Reflections & Observations (*Unfiltered thoughts, impressions, themes, or patterns*):

Emotional & Behavioral Observations (*Client presentation, notable shifts in mood, affect, or body language*):

Therapist's Internal Reactions & Countertransference
(*Personal feelings, reactions, or instincts during the session.*)

Key Themes or Insights (*Significant discussion points, metaphors, or repeated narratives*):

Emerging Patterns or Progression Over Time (*Recurring Themes or evolving dynamics*):

Hypotheses, Clinical Intuition, or Next Steps
(*Interpretations, shifts in approach, or technique adjustments*)

Additional Notes (*If applicable*):

Follow-Up: