

**SAMPLE
BEHAVIORAL HEALTH
PROGRESS NOTE**

CLIENT NAME: _____ **DATE:** _____ **ID#:** _____

SESSION TYPE: _____

Treatment Goals Addressed in Session:

- 1. _____
- 2. _____
- 3. _____

DATA: (Information presented by client/others, client behavior that relates to treatment goal(s). List objective observations made of client. Missed sessions/reason. Significant events since last session.)

ASSESSMENT: (Analysis of and conclusions about client's current status or behavior. Evidence of progress or lack of.)

PLAN: (Interventions or action taken in response to the assessment. Plans for future: client assignments, staff follow-up with others, treatment direction. Actions to be taken prior to next session.)

Therapist/Degree: _____