

# FAR WEST CLIENT PROGRESS NOTES

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## A. Client and Session Information

Client(s): \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Session # \_\_\_\_\_ of \_\_\_\_\_ (total sessions)

**Client:**  On time  Late by \_\_\_\_\_ Minutes  No Show  Late cancel

**Mode of Treatment:**  Individual  Couple  Family  Others Present: \_\_\_\_\_

## B. Topics / Issues Discussed

- Marriage/Relationship(s)
- Compounding Life Stressors
- Identity/Life transition (divorce, retirement)
- Workplace Problem
- Alcohol/Drug Problem
- Childhood/Family of Origin
- Child/Youth behavioral issues
- Parenting issues
- Self-esteem
- Grief & loss/Trauma
- Depression/Anxiety
- Other \_\_\_\_\_

## C. Treatments / Interventions / Techniques

- Insight development
- Behavior Modification
- Cognitive therapy
- Psycho-Education
- Client-Centered
- Skill development (coping, communication, etc)
- Goal development/Problem Solving
- Supportive counseling/venting
- Play Therapy / Art therapy / Music Therapy
- Homework Assignment(s)
- EFT
- Other \_\_\_\_\_

## Notes:

## D. Assessments

1. **Mood:**  Normal  Anxious  Depressed  Angry  Euphoric
2. **Affect:**  Appropriate  Intense  Blunted  Incongruent  Labile
3. **Mental Status:**  Normal  Memory difficulty  Concentration Difficulty  Disoriented  
 Other: \_\_\_\_\_

## E. Suicide/Homicide Risk Assessment

1. Client demonstrates current risk.  Yes  No (If yes, complete Risk Assessment form)
2. Safety Plan on file.  Yes  No

## F. Response to Treatment Intervention(s), this session (check all that apply)

- Cooperative  Responsive  Good prognosis  Passive  Guarded  Defensive
- Resistant  Suspicious  Lacks insight

**G. Referrals:** \_\_\_\_\_

**H. Next appointment scheduled for:** \_\_\_\_\_ at \_\_\_\_\_ PM AM

Therapist's Signature: \_\_\_\_\_