

**FAMILY COUNSELING SERVICES  
PROGRESS NOTES**

Client(s):

Date:                      Time:                      Session Length:

Mode of Treatment:  Individual Therapy       Couple       Family       Group       Consultation

**Topics/Themes Discussed:**

**Clinician Notes**

- Homework Assignment:
- Marriage/Partner Issues:
- Family Issue(s):
- Stressors:
- Work/School:
- Alcohol/Drug:
- Childhood/Family of Origin:
- Sexual Issue(s):
- Parenting:
- Sleep Issue(s):
- Behavioral Goals:
- Anger:
- Depression:
- Anxiety/Panic:
- Medical/Medication:
- Other:

**Treatment/Interventions:**

- Insights:
- Cognitive/Behavioral:
- Homework Given:
- Family/Relationships:
- Problem Solving:
- Support:
- Other:

**Assessments:**

- Dress/Grooming:**  Poor       Fair       Good       Well Other:
- Mood:**  Normal/Eutthymic       Anxious       Depressed       Angry       Euphoric
- Affect:**  Normal/Appropriate       Intense       Blunted       Inappropriate  Labile
- Mental Status:**  Normal       Lessened Awareness       Memory Deficiencies       Disoriented  
 Disorganized       Vigilant       Delusional       Hallucinating       Other:
- Suicide/Violence Risk:**  None       Low       Moderate       High      Other:
- Sleep Quality:**                      **Appetite:**
- Treatment Compliance:**  Full       Partial       Low       Noncompliant
- Response to Treatment:**  Better than expected       As expected       Poorer       Very Poor

**Changes to Diagnosis:**  No       Yes  
**Changes to Treatment Plan:**  No       Yes

**Clinical Assessment:**

**Plan/Objective:**

**Notes:**

**Clinician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_