**PROCESS/PROGRESS NOTE**

Client Name: Date: Start & End Time:

Location: Payment:

|  |
| --- |
| *DIAGNOSIS:* |
| *BRIEF MENTAL STATUS EXAM:* |
| *TARGET GOALS:*  |
| *INTERVENTIONS:* |
| *RESPONSE & PROGRESS TOWARD GOALS:* |
| *TREATMENT RECOMMENDATIONS & PLAN:* |
| *NEXT SESSION:* |
| **YOUR SIGNATURE** |
| **YOUR TYPED NAME, CREDENTIALS** |