

## **PROGRESS NOTES**

## Each entry must include:

- session number and type or contact type
- date and time of session/contact
- session attendee initials
- focus of the session/contact
- brief clinical impressions
- plan and/or homework
- discharge and follow-up information, as appropriate

At the end of each entry:

- signature & credentials
- date of writing

**Type of session/contact :** in person – IP telephone (client ) – TC telephone professional consultation – TP telephone (workplace) - TW clinical supervision – CS

clinical supervision – CS referral resource consultation – RC referral or client follow up – F/U other (specify) - O

DATE/TIME	SESSION/CONTACT	SESSION ATT	ENDEE INITIALS
	Session No.:		
	Session or Contact Type:		
	ISSU	JES/THEMES ADDRESSED	
Focus of session/contact:			
Brief clinical impressions:			
Plan and/or homework:			
Signature & credentials:			Date:
DATE/TIME	SESSION/CONTACT	SESSION ATT	ENDEE INITIALS
DATE/TIME	SESSION/CONTACT Session No.:	SESSION ATT	ENDEE INITIALS
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Focus of session/c	Session No.: Session or Contact Type: ISSU ontact:		
Focus of session/c Brief clinical imp	Session No.: Session or Contact Type: ISSU ontact:		
Focus of session/c Brief clinical imp	Session No.: Session or Contact Type: ISSU ontact:		Date: