



Concept Healthcare Psychology Group, Inc. ~ CoHealth Psychology Services, PA

PROGRESS NOTE

Patient Name:					
Date of Service:					
Facility Name:					
Provider Name:					
Provider License No.:					
Procedure Code (w/ units for H&B):					
Diagnosis and ICD Code:					
Long range Treatment Goal:					
Short term Behavioral Objective(s):					
Treatment Modality: Pty-30' Pty-45' Pty-60' Family Group Health & Behavior x 15' units					
·	Session time		, . 		
1. Current Status:					
Depression	Anxiety	Anger outbursts	Impaired reality	Disorientation T PL P	
Withdrawal	Panic prone	Verbally abusive	Delusions	Limited self expression	
Disturbed sleep	Worrisome thinking	Physically abusive	Hallucinations, vis.	Limited memory	
Disturbed eating	Phobic avoidance	Irritable	Hallucinations, aud.	Limited concentration	
Tearfulness	Agitated	Disruptive vocalizing	☐ Danger to self	Limited judgment	
Hopelessness	Restless tension	Interpersonal conflict	Danger to others	Limited attention	
Flat Affect	Fearfulness	Emotionally labile	☐ Disordered thinking	Limited info processing	
Additional comments:					
2. Interventions:					
3. Progress and Outcome:					
Signature & Degr	ee:				