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LCS 19405
INDIVIDUAL/COUPLE PROGRESS NOTES

Date: _____ **Length of Session:** _____ **Client(s) Name:** _____

Client Identifying Information: **DOB** _____ **Ethnicity** _____ **Marital Status** _____
Other _____

Chief Complaint: _____

Client's Interpersonal and/or Verbal Exchanges (Objective): _____

Therapist's Observation/MSE (Subjective):

Appearance/Hygiene: Well groomed Adequate Inadequate Other _____

Psychomotor: WNR Lethargic Agitated Other _____

Mood: WNR Bright Anxious/tense Panicky Sad Sullen Depressed Despondent Dysphoric Angry
Euphoric Expansive Other _____

Affect: WNR Full Appropriate/inappropriate smiling/laughter Congruent with mood Restricted Flat
Tearful Dramatic Other _____

Speech: Soft Loud Rapid Expressive Stilted Poverty These are normal for client _____

Thoughts: Organized Circumstantial Tangential Disorganized Illogical Paranoid Other _____

Insight: Poor Fair Good Excellent Other _____

Judgment: Poor Fair Good Excellent Other _____

Eye Contact: WNR Minimal Poor _____

Suicidal/Homicidal Ideation: None Fleeting Plan/Intent—Yes/No Contracts for Safety—Yes/No
Other information _____

Progress Towards Goal(s): _____

Interventions Used: Insight-Oriented Supportive CBT Crisis Intervention/Trauma work Grief work
Energy Psychology (EFT/tapping, biofield and chakra treatments, energy corrections) Mindfulness
techniques (deep breathing, guided meditations, progressive muscle relaxation, staying present, use of
loving-kindness towards self/others, etc.) Hypnosis Communication/couples/family work. Other: _____

Diagnosis:

Axis I: _____

Axis II _____

Axis III _____

Axis IV - Psychosocial stressors: _____

Axis V - GAF _____

Treatment Plan/Recommendations: _____

Signature: _____ **Date:** _____

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