

**SAMPLE  
BEHAVIORAL HEALTH  
PROGRESS NOTE**

**CLIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**SESSION TYPE:** \_\_\_\_\_

**Treatment Goals Addressed in Session:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**DATA:** (Information presented by client/others, client behavior that relates to treatment goal(s). List objective observations made of client. Missed sessions/reason. Significant events since last session.)

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**ASSESSMENT:** (Analysis of and conclusions about client's current status or behavior. Evidence of progress or lack of.)

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**PLAN:** (Interventions or action taken in response to the assessment. Plans for future: client assignments, staff follow-up with others, treatment direction. Actions to be taken prior to next session.)

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**Therapist/Degree:** \_\_\_\_\_