

SHEEHAN PSYCHOTHERAPY ASSOCIATES, INC

Progress Note

PATIENTS PLEASE COMPLETE BELOW

Patient/Client name _____ Today's Date: _____

Health Issues: _____

Current Medications: _____

Please rate your problems/symptoms for the last few weeks. 0 = not at all; 10 = severe

- 1. anxious, nervous, shaky
2. sad or blue
3. hopeless about the future
4. everything is an effort
5. no interest in things
6. heart racing or pounding
7. trouble sleeping
8. fearful or afraid
9. problems at home or socially
10. problems at school or work
11. problems dissociating
12. feeling bad about myself
13. not able to deal with my problems
14. not able to accomplish the things I want
15. financial problems
16. angry feelings
17. guilty feelings
18. not eating, binge eating, vomiting
19. panic attacks
20. racing thoughts
21. worthless feelings
22. helplessness
23. suicidal thoughts
24. homicidal thoughts
of drinks with alcohol in the last week
non-legal drugs used in past wk

THERAPIST PLEASE COMPLETE BELOW

Diagnoses _____ GAF score today _____ Code # _____

Duration: 45-60 min _____ 61-120 minutes _____

Intended Frequency: semi-wkly _____ wkly _____ 2 wks _____ 4 wks _____ Other _____

Target symptoms: _____

Treatment provided: _____

Treatment planned: _____

Prognosis: guarded _____ improvement _____ Recovery _____ Fluctuating _____

Attitude: cooperative _____ uncooperative _____ hostile _____ guarded _____ suspicious _____ regressed _____

Affect: expansive _____ full _____ constricted _____ blunted _____ flat _____ stable _____ irritable _____

reactive _____ labile _____ appropriate _____ inappropriate to content or situation _____

Thought Processes & Content:

Productivity: spontaneous _____ impoverished _____ blocked _____ normal _____

Organization: well organized _____ logical _____ relevant _____ vague _____ incoherent _____

illogical _____ irrelevant _____ loose association _____ flight of ideas _____

Abnormal thought content:: obsessions _____ compulsions _____ preoccupations _____ rituals _____

normal _____

Speech: spontaneous _____ needs prompting _____ long latency _____ rapid _____ pressured _____ loud _____

soft _____ halting _____ normal _____

Appearance: neat _____ untidy _____ dirty _____ malodorous _____ fastidious _____ flamboyant _____

inappropriate for weather _____

Notes: _____

Therapist's signature: _____