|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Practitioner Name: | |  | |  | Session Date: |  |
| Session Start Time: | |  | |  | Session End Time: |  |
| Session: | New | | Follow-up |  | Medical Record No.: |  |
| Location: | |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Patient Name: |  |  | DOB: |  |  | Gender: |  |

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| --- | --- | --- |
| **BEHAVIOR** | |  |
| 🛈 | This section documents the client's observable actions, statements, and body language during the session. | |
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| **INTERVENTION** | |  |
| 🛈 | This section describes the specific actions or therapeutic techniques used during the session and the rationale behind them. | |
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| **RESPONSE** | |  |
| 🛈 | This section records the client's reaction to the intervention, including any changes in mood, behavior, or feedback. | |
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| **PLAN** | |  |
| 🛈 | This section outlines the next steps and future goals, including any follow-up actions or homework to be completed before the next session. | |
|  | | |

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|  | Practitioner’s Signature: |  |