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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |  |