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

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

|  |  |  |
| --- | --- | --- |
| **TREATMENT GOAL:** |  | |
|  |  | |
| Progress towards goal in today’s session: | |  |
|  | |  |
| Progress towards overall goal: | |  |

|  |  |  |
| --- | --- | --- |
| **D-DATA** | |  |
| 🛈 | This section documents objective and information from the session, including direct observations of the client's behavior, communication, and significant events. | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **A-ASSESSMENT** | |  |
| 🛈 | This section provides an analysis of the client's progress, strengths, challenges, and any pertinent insights regarding their current functioning and needs. | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **P-PLAN** | |  |
| 🛈 | This section specifies the next steps for treatment or intervention, including goals, strategies to be used, and any follow-up or additional services required. | |
|  | | |

|  |  |  |
| --- | --- | --- |
|  | Practitioner’s Signature: |  |