# A black and blue logo AI-generated content may be incorrect.**Greater Malden Behavioral Health**

# Outpatient Therapy Progress Note

**Date of Service**: Click or tap to enter a date. **Client Name**: Click or tap to enter text.

**Client ID:** Click or tap here to enter text. **Client DOB:** Click or tap to enter a date.

**MIS#:** Click or tap here to enter text.

**Initial Comp Assessment**   **Comp Reassessment**

**Service Type and Time** (example: 9am-10am)

CANS: Click or tap here to enter text.

Individual Therapy: Click or tap here to enter text.

Family Therapy: Click or tap here to enter text.

Couples Therapy: Click or tap here to enter text.

Case Consultation: Click or tap here to enter text.

Family Consultation: Click or tap here to enter text.

Collateral Contacts: Click or tap here to enter text.

Other: Click or tap here to enter text.

**Mental Status**

Appearance: Choose an item. Orientation: Choose an item.

Behavior: Choose an item. Speech: Choose an item.

Affect: Choose an item. Mood: Choose an item.

Thought Process: Choose an item. Thought Content: Choose an item.

Perception: Choose an item. Judgment: Choose an item.

Insight: Choose an item. Appetite: Choose an item.

Sleep: Choose an item.

**Risk Assessment (Clinician Only)**

Suicidality: Choose an item. Homicidality: Choose an item.

**Interventions (Clinician Only)**

Cognitive Challenging  Cognitive Refocusing  Cognitive Reframing

Communication Skills  DBT  Exploration of Emotions

Guided Imagery  Interactive Feedback  Interpersonal Resolution

Preventative Services  Mindfulness Training

Exploration of Relationship Patterns

Other Click or tap here to enter text.

**Overall Progress Note:** Click or tap here to enter text.

Clinician Name and Credentials: Click or tap here to enter text.

Clinician Signature:

Date: Click or tap to enter a date.

Team Leader/Supervisor Name and Credentials: Click or tap here to enter text.

Team Leader/Supervisor Signature:

Date: Click or tap to enter a date.