

# Mental Health Progress Note

Client Name:

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Date of Session:

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Session Number:

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Clinician:

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Duration:

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Location:

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## Subjective

Client's Report / Presenting Problem:

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## Objective

Observations / Mental Status:

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## Assessment

Progress Towards Goals / Clinical Impressions:

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## Plan

Next Steps / Interventions / Homework:

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Signature:

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Date:

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