

Psychiatric Progress Note

Patient Name:

MRN/ID:

Date of Visit:

Provider:

Subjective

Chief Complaint / Reason for Visit:

History / Interval Changes:

Mood/Affect:

Sleep/Energy/Appetite:

Psychosocial Stressors:

Objective

Mental Status Exam:

Appearance/Behavior:

Speech/Thought Process:

Cognition/Memory/Orientation:

Insight/Judgment:

Assessment

Diagnosis/Impression:

Plan

Medications:

Therapy/Interventions:

Follow-up/Recommendations: