

# Substance Abuse Outpatient Progress Note

**Client Name:**

**Client ID:**

**Date:**

**Session Number:**

**Duration:**

**Modality:**

**Presenting Problem / Reason for Visit:**

**Subjective (Client's Report):**

**Objective (Clinician Observations):**

**Assessment:**

**Cravings:**

**Urges:**

**Triggers:**

**Substance Use Since Last Visit:**

**Interventions & Response:**

**Plan & Recommendations:**

**Clinician Name:**

**License/Credentials:**

**Signature:**