

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: