

Social Work Clinical Progress Note

Date of Session

Client Name / ID

Session Type

Individual

Presenting Issues / Reason for Visit

Subjective (Client's Report, Concerns, Mood, etc.)

Objective (Observations, Counselor's Assessment, Mental Status, etc.)

Assessment (Progress Toward Goals, Risk, Changes, Clinical Impressions)

Plan (Interventions, Recommendations, Follow-up, Next Steps)

Session Duration

e.g. 50 minutes

Clinician Name

Signature

