

ANALYTIC PROGRESS NOTES

Client Name:	Session #:	Date:	Time:
Type: ( ) Progress Note ( ) Case Management ( ) Telephone Contact		Modality: ( ) Ind. ( ) Cpl. ( ) Fam. ( ) Grp.	
Status: ( ) Present ( ) Late Cancellation ( ) No Show ( ) Cancellation			
Patient's appearance/affect/request for help/complaints/verbalizations:			
Use of couch/other treatment contract issues:			
Patient intellect/ego functioning/developmental issues:			
Defenses/resistances/impulse control/character structure:			
Patient's contact functioning/patient's use of therapist:			
Transference:			
Plan:			

Therapist Signature:

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