

FAMILY THERAPY NOTE

NAME:	DATE:	TIME STARTED:	TIME ENDED:
FACE TO FACE <input type="checkbox"/> Telephone <input type="checkbox"/> Telephonic <input type="checkbox"/> Individual in lieu of FT <input type="checkbox"/>			
THOSE IN ATTENDANCE			
BARRIERS TO TREATMENT: <input type="checkbox"/> None <input type="checkbox"/> Acuity of illness <input type="checkbox"/> Cognitive <input type="checkbox"/> Emotional <input type="checkbox"/> Physical <input type="checkbox"/> Cultural <input type="checkbox"/> Language <input type="checkbox"/> Developmental level <input type="checkbox"/> Other _____			
PROGRESS TOWARD TREATMENT GOALS/OBJECTIVE DURING THIS SESSION? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
PATIENT'S AFFECT: <input type="checkbox"/> Normal <input type="checkbox"/> Flat <input type="checkbox"/> Anxious <input type="checkbox"/> Irritable <input type="checkbox"/> Euphoric <input type="checkbox"/> Other:			
PATIENT'S MOOD : <input type="checkbox"/> Cheerful <input type="checkbox"/> Sad <input type="checkbox"/> Irritable <input type="checkbox"/> Depressed <input type="checkbox"/> Labile <input type="checkbox"/> Other:			
PATIENT DEMONSTRATED THE FOLLOWING DURING SESSION:	<input type="checkbox"/> Cooperative/Compliant <input type="checkbox"/> Attentive/Focused <input type="checkbox"/> Able to Follow Directions <input type="checkbox"/> Positive Attitude <input type="checkbox"/> Positive Interaction <input type="checkbox"/> Maintained Boundaries <input type="checkbox"/> Inattentive <input type="checkbox"/> Dominated session <input type="checkbox"/> Required Redirection <input type="checkbox"/> Required Multiple Redirections <input type="checkbox"/> Negative Attitude <input type="checkbox"/> Resistive <input type="checkbox"/> Defiant <input type="checkbox"/> Provoking <input type="checkbox"/> Verbally Aggressive <input type="checkbox"/> Assaultive <input type="checkbox"/> Withdrawn/Isolated <input type="checkbox"/> Self-Harmful <input type="checkbox"/> Poor Boundaries <input type="checkbox"/> Male/ <input type="checkbox"/> Female Focused <input type="checkbox"/> Sexual Acting Out Behaviors		
PROVIDE EXPLANATION OF BEHAVIORS AND RATIONAL FOR CONTINUED HOSPITALIZATION: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
PROGRESS TOWARDS TREATMENT GOAL: <input type="checkbox"/> Patient was able to exhibit progress toward discharge by demonstrating appropriate behavior and processing during the session <input type="checkbox"/> Patient was not able to exhibit progress toward discharge due to:			
Next scheduled session:			
STAFF'S SIGNATURE:		Date:	