INDIVIDUAL THERAPY NOTE

NAME: DATE: TIME STARTED: TIME ENDED:

BARRIERS TO TREATMENT: ☐ None ☐ Acuity of illness ☐ Cognitive ☐ Emotional ☐ Physical ☐ Cultural ☐ Language ☐ Developmental level ☐ Other _____

PROGRESS TOWARD TREATMENT GOALS/OBJECTIVE DURING THIS SESSION?

PATIENT'S AFFECT: ☐ Normal ☐ Flat ☐ Anxious ☐ Irritable ☐ Euphoric ☐ Other:

PATIENT'S MOOD : ☐ Cheerful ☐ Sad ☐ Irritable ☐ Depressed ☐ Labile ☐ Other:

PATIENT DEMONSTRATED THE FOLLOWING DURING SESSION:

☐ Cooperative/Compliant ☐ Attentive/Focused
☐ Able to Follow Directions ☐ Positive Attitude
☐ Positive Interaction ☐ Maintained Boundaries ☐ Inattentive
☐ Required Redirection ☐ Required Multiple Redirections
☐ Negative Attitude ☐ Resistive
☐ Defiant ☐ Provoking ☐ Verbally Aggressive ☐ Assaultive
☐ Withdrawn/Isolated
☐ Self-Harmful ☐ Poor Boundaries ☐ Sexual Acting Out Behaviors

PROVIDE EXPLANATION OF BEHAVIORS AND RATIONAL FOR CONTINUED HOSPITALIZATION:

PROGRESS TOWARDS TREATMENT GOAL:

☐ Patient was able to exhibit progress toward discharge by demonstrating appropriate behavior and processing during the session

☐ Patient was not able to exhibit progress toward discharge due to:

Next scheduled session:

STAFF'S SIGNATURE: Date: