

DOCUMENTATION OF SESSION CONTENT

Patient Name: _____ Date: _____

Session length: _____

Therapist: _____ Session number (if applicable): _____

Intervention/treatment during session:

Risks or issues addressed during session:

Homework completed:

Symptoms observed:

Current diagnosis:

Psychosocial and/or environmental issues addressed:

Future goals/plan:

Homework assigned:

Additional Notes:
