**INTAKE SESSION:**

**(If doing teletherapy – Identify the location of the client)**

(Client) reported and appeared to be at (location) during the session.

**DESCRIPTION OF THE THERAPEUTIC ACTIVITY**

Individual psychotherapy with (client) was provided to initiate therapy process. Clinician reviewed Professional Disclosure Statement (PDS) and limits to confidentiality. Psychotherapy was provided to review client symptomology, mental health diagnosis, identified problems, and treatment goals. (Assessment of client status).

No imminent risk of SI, HI, or other safety concerns were identified as assessed by clinician.

**PLAN FOR SUBSEQUENT THERAPEUTIC CONTACT:**

(Client) will return for individual therapy on (date).

**THERAPY SESSION:**

**(If doing teletherapy – Identify the location of the client)**

(Client) reported and appeared to be at (location) during the session.

**DESCRIPTION OF THE THERAPEUTIC ACTIVITY**

Individual psychotherapy session with (client) was provided to address symptoms of (diagnosis) using (theoretical orientations). Psychotherapy was provided to help (client)… (Assessment of client status).

MSE Unremarkable (if no changes) or Write the changes that you notice to the MSE

No imminent risk of SI, HI, or other safety concerns were identified as assessed by clinician.

**PLAN FOR SUBSEQUENT THERAPEUTIC CONTACT**

(Client) will return for individual therapy on (date).

**REASSESSMENT SESSION:**

**DESCRIPTION OF THE THERAPEUTIC ACTIVITY**

Individual psychotherapy with (client) was provided to review therapy process and symptoms of (diagnosis). Psychotherapy was provided to review client symptomology, mental health diagnosis, treatment, progress, and continuing goals. (Assessment of client status).

No SI, HI, or other safety concerns were identified as assessed by clinician.

**PLAN FOR SUBSEQUENT THERAPEUTIC CONTACT:**

(Client) will return for individual therapy on (date).

**Reassessment Letter to clients:**

I've sent you a Reassessment document. You can view the document in the secure client portal.

Please complete the document before our next session. The Reassessment will be similar to an intake review. It will allow us to review your current symptoms, problems, changes, and progress. We will also be able to review your diagnosis and update your treatment goals. I welcome your collaborative feedback as we review what we’ve done so far and make a plan for future treatment.

Thanks for taking the time to complete this.