

SESSION RECORD

CLIENT NAME \_\_\_\_\_

SESSION DATE \_\_\_\_\_

LOCATION

Shea  Other \_\_\_\_\_

TYPE

Individual  Fam w/o clt  
 Fam w/clt  \_\_\_\_\_

DURATION

50-55 min  
 \_\_\_\_\_ min

MOOD/AFFECT

Euthymic  Elevated  Irritable  Labile  
 Dysphoric  Anxious  Flat  Congruent  
 Depressed  Angry  Blunted/Restricted  Incongruent  
 Sad  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

ADLs/PRESENTATION/BEHAVIOR

Appropriate  Attentive  Cooperative  Responsive  
 Distracted  Restless  Guarded  Tired  
 Disoriented  Hyperactive  Oppositional  Groomed  
 Un-medicated  Tangential  Hostile  Unclean/Disheveled  
 Intoxicated  Psychosis  \_\_\_\_\_  \_\_\_\_\_

Assessment: \_\_\_\_\_

LEVEL OF PARTICIPATION

Active  Moderate  Minimal  Withdrawn

CONTENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Risk Management  No SI/HI

ASSIGNMENT \_\_\_\_\_

NEXT SESSION 1-2 weeks 3-4 weeks 4+ weeks Other \_\_\_\_\_

\_\_\_\_\_  
Janet Kartler, MA, LPC  
Therapist

\_\_\_\_\_  
Date