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PSYCHOTHERAPY PROGRESS NOTE

IDENTIFYING INFORMATION:

NAME:

DATE:

REASON FOR SERVICE AND PROCEDURE:

OVERALL GOALS/TREATMENT PLAN:

INTERVAL HISTORY:

EXAMINATION OF SYMPTOMS, FEELINGS, THOUGHTS & BEHAVIORS:

MENTAL STATUS CHANGES:

CURRENT STRESSORS:

COPING STYLE:

APPLICATION OF PSYCHOTHERAPY:

Cognitive behavioral psychotherapy (or other _____)

RESULTS OF PSYCHOTHERAPY:

DISPOSITION:

INTERACTIVE COMPLEXITY (if applicable):

- Maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement).
- Interfering/difficult caregiver emotions or behavior.
- Evidence of an event mandating report to a third party.

- Use of play equipment, other physical devices, interpreter or translator to communicate.

PQRS (DEMENTIA) (if applicable):

- Cognitive Assessment
- Neuropsychiatric Symptom Assessment
- Screening for Depressive Symptoms (patient and caregiver)
- Functional Status Assessment
- Management of Neuropsychiatric Symptoms
- Counseling Regarding Safety Concerns (patient and caregiver)
- Counseling Regarding Risks of Driving and Alternatives to Driving
- Caregiver Education and Support
- Staging of Dementia

TIME:

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