

Documentation of Services

Client name: _____ Age _____

Date of Service _____ Length of Session _____ CPT _____

Diagnosis: _____

Symptoms this session _____

Axis IV Psychosocial and Environmental problems addressed:

Addressed this session

- Primary support group problems
- Social environment problems
- Physical health problems
- School/work problems
- Housing problems
- Self-care problems
- Economic stressors
- Current victimization
- Other psychosocial stressors

Current GAF _____ Highest GAF this year _____

Interventions this session _____

Homework _____ Current meds _____

Risk issues assessed _____ Tx Plan _____

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