

Individual

Progress

rula.com

Patient(s)

Name and Date of Birth	
-------------------------------	--

Info

Present at session	
Service provided	
Location of service	
The client agreed for this visit to occur via telehealth. The client's full name and address of present location has been confirmed at the start of the session	
Client is appropriate for telehealth	
Is the client presenting any risk factors that indicate further risk assessment is needed?	

Measures

I have reviewed the measures completed within the past 14 days.	
Based on the clinical measures:	

Symptoms

Current symptoms	
Area(s) of functional impairment	
How are symptoms specifically impacting client's functioning in this area?	
Focus of session/session summary	

Treatment

Treatment approaches used in this session	
Specific interventions	
Client response to interventions	

Plan/homework for next session	
Progress towards treatment goal(s)	
Yes, refer to a psychiatric provider in Rula's network	

Diagnosis

Diagnosis	
Date of service	
Session start time	
Session end time	
Service provided	
Signed by	

Treatment Goal #1

The client reports their goal is to:	
The client's clinical goal is:	
Short-term Objective(s)	
Progress will be measured by:	
Estimated time to achieve goal:	

Plan

Frequency of treatment:	
Anticipated length of time in treatment	
Comments	
I, the therapist, have reviewed this treatment plan with the client and the client actively participated in the development of this treatment plan	
Next visit	

Measures

Date completed <small>Measure</small> GAD-7 PHQ-9 C-SSRS CAGE-AID Therapeutic Alliance
--