



SAMPLE CLINICAL DOCUMENTATION

Progress Note - Child / Adolescent

Case Snapshot

Client: Marney Pine

Presenting Problem / Chief Complaint: Client reports experiencing severe anxiety, including racing thoughts, negative self-talk, and panic episodes that interfere with school and social life. “I feel like I can’t even stay in class sometimes because I’m so scared of everyone judging me.”

Context: Symptoms occur at least 5 days per week, accompanied by physical anxiety symptoms such as dry mouth, tremors, and difficulty breathing. Client’s GAD-7 score of 18 indicates severe anxiety. Symptoms have negatively impacted academic performance and peer relationships.

Info

Present at Session	<i>Client</i>
Service Provided	<i>Individual Therapy</i>
Location of Service	<i>Telehealth</i>
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:	<input checked="" type="checkbox"/> <i>Yes – client at home</i> <input type="checkbox"/> <i>Yes – client in another location, which has been confirmed</i> <input type="checkbox"/> <i>No</i>
Client is appropriate for telehealth	<i>Yes</i>
Is the client presenting any risk factors that indicate further risk assessment is needed?	<i>No</i>

Measures

Baseline Scores (at intake)	<ul style="list-style-type: none"> ● <i>GAD-7: 15 (severe anxiety)</i> ● <i>PHQ-9: 8 (mild depression - secondary to anxiety)</i>
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Current Scores (this session)	<ul style="list-style-type: none"> ● <i>GAD-7: 18 (severe anxiety - showing some worsening)</i> ● <i>PHQ-9: 10 (mild-moderate depression - slight increase)</i>
Dropdown / How measures were used in-session:	<ul style="list-style-type: none"> ● <i>Reviewed scores with the client</i> ● <i>Drew clinical insights from the data</i> ● <i>Made treatment adjustments based on measure results</i> ● <i>Discussed client's perception of progress and scores</i>
Additional detail on in-session use of measures:	<i>Reviewed GAD-7 score of 18 with client and discussed the severity of symptoms in relation to school and social challenges. Adjusted session focus to include cognitive behavioral techniques targeting thought distortions and automatic negative thoughts. Explored client's understanding of anxiety triggers and linked symptom intensity to daily experiences, supporting engagement in thought record homework.</i>

Symptoms

Current Symptoms	<i>Racing thoughts, negative self-talk, dry mouth, difficulty breathing, tremors, frequent crying.</i>
Area(s) of functional impairment	<i>School, Social/Relational</i>
How are symptoms specifically impacting clients functioning in this area?	<i>Client is unable to attend certain classes due to panic attacks, impacting academic performance. Difficulty maintaining friendships due to anxiety and avoidance behaviors.</i>
Focus of session/session summary	<i>Client discussed a recent panic episode at school triggered by negative self-talk and fear of judgment. Session focused on identifying automatic thoughts and cognitive distortions contributing to anxiety. Therapist provided psychoeducation and guided client in using a thought record to reframe distorted thinking. Client engaged appropriately, identified examples of "mind reading" and "catastrophizing," and expressed willingness to practice cognitive reframing between sessions. Progress remains stable, with increased insight into anxiety patterns. No risk concerns reported or observed.</i>

Treatment

Treatment approaches used for this session <i>(ie CBT, DBT, EMDR. etc)</i>	<i>Cognitive Behavioral Therapy (CBT)</i>
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Specific Interventions	<i>Anxiety psychoeducation, introduction of thought record, modeled cognitive reframing.</i>
Clients response to interventions	<i>Initially struggled with reframing thought distortions, but expressed openness to practicing these skills outside of session.</i>
Plan/homework for next session	<i>Complete feelings wheel and thought record prior to next session to practice reframing negative thoughts. Monitor anxiety symptoms and triggers throughout the week.</i>
Progress towards treatment goals	<input type="checkbox"/> No change since last visit <input type="checkbox"/> Some progress apparent <input type="checkbox"/> Significant Progress <input checked="" type="checkbox"/> Maintaining/stable <input type="checkbox"/> Some regression of progress <input type="checkbox"/> Significant regression of progress

Diagnosis

Diagnosis	<i>F40.10 Social Anxiety Disorder</i>
Date of Service	<i>06/21/2024</i>
Session Start Time	<i>4:00pm</i>
Session End Time	<i>4:55pm</i>
Session Lenth / CPT	<input checked="" type="checkbox"/> 90837 - Individual Psychotherapy, 53+ min

****Be sure to review treatment plan if necessary before signing and submitting the note****

Signature

Provider Name	<i>Jane Example</i>
Date	<i>6/22/2024</i>
Time	<i>8:00am</i>
License Type	<i>LCSW</i>