

SOAP NOTE

CLIENT: Jane Doe

DATE OF SERVICE: 4/1/15

TIME: 1:05-1:55pm

Appearance <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Unkempt <input type="checkbox"/> Dirty <input type="checkbox"/> Meticulous Speech <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Pressured <input type="checkbox"/> Poverty of <input type="checkbox"/> Impaired <input type="checkbox"/> Slow Mood/Affect <input type="checkbox"/> WNL <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Depressed <input type="checkbox"/> Manic <input type="checkbox"/> Anxious <input type="checkbox"/> Fearful <input type="checkbox"/> Irritable <input type="checkbox"/> Angry <input type="checkbox"/> Labile <input type="checkbox"/> Incongruent Behavior <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Guarded <input type="checkbox"/> Withdrawn <input type="checkbox"/> Defensive <input type="checkbox"/> Oppositional <input type="checkbox"/> Hostile <input type="checkbox"/> Manipulative <input type="checkbox"/> Impaired <input type="checkbox"/> Threatening <input type="checkbox"/> Impulsive <input type="checkbox"/> Tearful <input type="checkbox"/> Tired Cognitions <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Loose Assoc. <input type="checkbox"/> Scattered <input type="checkbox"/> Blocked <input type="checkbox"/> Obsessive <input type="checkbox"/> Paranoid <input type="checkbox"/> Psychotic	SERVICES RENDERED <input checked="" type="checkbox"/> Initial Evaluation (90791) <input type="checkbox"/> Psychotherapy: 90832/30" <input type="checkbox"/> 90834 /45" <input type="checkbox"/> 90837/60" <input type="checkbox"/> Family Psychotherapy w/patient (90847) <input type="checkbox"/> Family Psychotherapy w/o patient (90846) <input type="checkbox"/> Multi-Family Psychotherapy (90849) <input type="checkbox"/> Group Psychotherapy (90853) <input type="checkbox"/> Crisis Psychotherapy 90839/60" <input type="checkbox"/> +90840 each addl 30" <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Other	PROGRESS <input type="checkbox"/> Exceptional <input type="checkbox"/> Steady <input type="checkbox"/> Slow <input type="checkbox"/> Regressing <input type="checkbox"/> Stable <input type="checkbox"/> Maintaining <input type="checkbox"/> Discharge Plan.	CURRENT MEDS Med: Prozac Dose: 30mg Med: Dose: Med: Dose:
<p>Treatment Goal Addressed: Intake Interview</p> <p>Additional Client Concerns Today: Client reports feeling increasingly depressed over the last 6 months</p> <p>Subjective Data/Clinical Observations : Cl reports she first noticed depression after 2 job loss in last 6 months. Client expressed feeling worthless and inept.</p> <p>Objective Data/Behavioral Observations: Cl is MA level engineer with 10 years expereince in DOD work. No history of depression. Cl is over weight, eats mostly fast food and does not exercise.</p> <p>Assessment: Cl exhibits signs of moderate depression. This depression may be situational, exacerbated by thoughts of low self worth and job loss, lack of exercise and proper nutrition. Cl indicated she is willing to do what it takes to improve her mood and recognizes that her lifestyle choices may be part of the problem. Further client complains of difficulty sleeping, and fatigue.</p> <p>Plan: In collaboration with CL develop healthy lifestyle objectives combined with cognitive therapy to address self worth issues.</p> <p>Danger to Self or Others? Cl denies suicidal/homicidal ideations or intentions.</p> <p>If yes, describe danger and intervention: NA</p> <p>Additional Comments: Recommended that Cl come in weekly for next 3 weeks to get treatment plan in place and begin addressing short term goals/objectives.</p> <p>Rescheduled for: Day:Thursday Date:4/8/15 Time:1:00 PM <input type="checkbox"/>Client will call or email to reschedule</p> <p>Fee Charged: \$150 Payment: \$150 <input checked="" type="checkbox"/>Check <input type="checkbox"/>Cash <input type="checkbox"/>Credit Card <input type="checkbox"/>Bill Insurance</p>			

Therapist: Jean LeSturgeon **Degree:** MA **Title:** LMHC **Date:** 4/1/15