



Progress Notes

Name of Counselee(s): _____ Date: _____

Update:

Topics Discussed (check answer):

- | | | |
|--|--|--|
| <input type="checkbox"/> Jesus Christ | <input type="checkbox"/> Losses | <input type="checkbox"/> Abandonment Issues |
| <input type="checkbox"/> Holy Spirit | <input type="checkbox"/> Marital Issues | <input type="checkbox"/> Financial Worries or Issues |
| <input type="checkbox"/> The Word | <input type="checkbox"/> Parent/Child Issues | <input type="checkbox"/> Behavioral Patterns |
| <input type="checkbox"/> Spiritual Disciplines | <input type="checkbox"/> Job/School Issues | <input type="checkbox"/> Guilt |
| <input type="checkbox"/> Current Stressors | <input type="checkbox"/> Abuse Issues | <input type="checkbox"/> Family of Origin |
| <input type="checkbox"/> Other: | _____ | |

Suicidal: Yes No

No-Suicide Contract done on:

Current Status: Improved Same Worse

Goals

Assessment:

Return Date:

Counselor's Signature