

Client Name: \_\_\_\_\_ Client #: \_\_\_\_\_ Adm. Date: \_\_\_\_\_

**Community Counseling of Central Connecticut Inc.**  
53 Muir Ave Bristol, CT. 06010 AND 1089B Woodtick Rd., Wolcott CT 06716  
860-582-7904 AND 203-879-9485 cccofcentralct.org  
**Session Notes**

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Type of Session:  Ind  Fam  Couple  Group **No Show**  With Call  No Call

**Mood:**  
 Depressed  Irritable  Unresponsive  Angry  Defiant  Fearful  
 Neutral  Anxious  Withdrawn  Uncooperative  
 Calm  Confused  Trusting  Manic  Other

**Affect:**  
 Flat  Labile  Restricted  Appropriate to content  Other

**Energy Level:**  
 Lethargic  Appropriate  Restless  Hyperactive  Other

**Participation:**  Cooperative/Contributes to session **Appearance:**  Neat  Disheveled  
 Avoidant/Poor Participation  Other \_\_\_\_\_  
 Refused to Participate in Session/Will not talk

**Plan:** (check appropriate box(es))  
 Continue Schedule of services  Needs follow-up  Outreach  
 Continue Treatment Plan  Consider Discharge  
 Consult needs to be scheduled  Change in schedule/Other \_\_\_\_\_

**TX plan goal addressed:**  1  2  3  \_\_\_\_\_

**Narrative:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Therapist \_\_\_\_\_

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**Narrative:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Therapist \_\_\_\_\_