Client Name: _____ Client #:

Client #:	
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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: Type of	Session: [] In	Start d [] Fam [] Cour	Time: le [] Group No Show [End Time:]] With Call [] No Call	_	
Mood:						
	[] Depressed [] Neutral [] Calm	[] Irritable [] Anxious [] Confused	[] Unresponsive [] Withdrawn [] Trusting	[] Angry [] Defiant [] Uncooperative [] Manic [] Other	[] Fearful	
		[] Labile	[] Restricted	[] Appropriate to content	[] Other	
Energy Particip	[] Lethargic	[] Appropriate	[] Restless	[] Hyperactive Appearance:	[] Other	
-	[] Cooperative, [] Avoidant/Po	[] Neat [] Disheveled [] Other	_			
	ll Refused to F heck appropria		ssion/Will not talk			
	[] Continue Sc [] Continue Tre [] Consult need	hedule of servic	es [] Needs follo [] Consider D led [] Change in [] 3 []	ow-up [] Outreach Discharge schedule/Other		
пегаріз	51					
Date [.]		Start	Time:	End Time:		
Type of Mood:	Session: [] In	d [] Fam [] Coup	ble [] Group No Show] With Call [] No Call	_	
	[] Neutral	[] Anxious	[] Withdrawn	[] Angry [] Defiant [] Uncooperative	[] Fearful	
Affect:	[] Caim	[] Confused	[] Trusting	[] Manic [] Other		
	[] Flat	[] Lahile	[] Restricted	[] Appropriate to content	[] Other	
Energy						
		[] Tense	[] Appropriate	Restless Hyperactive	[] Other	
Particip	[] Lethargic ation: [] Cooperative,	[] Tense /Contributes to s	[] Appropriate session	[] Restless [] Hyperactive Appearance: [] Neat [] Disheveled		
Particip	[] Lethargic ation: [] Cooperative, [] Avoidant/Poo	/Contributes to s or Participation		Appearance:		
Particip Plan: (c	[] Lethargic ation: [] Cooperative, [] Avoidant/Po [] Refused to F heck appropria	/Contributes to s or Participation Participate in Se ate box(es))	session/Will not talk	Appearance: [] Neat [] Disheveled [] Other		
Particip Plan: (c	[] Lethargic ation: [] Cooperative, [] Avoidant/Po [] Refused to F heck appropria [] Continue Sc	/Contributes to s or Participation Participate in Se ate box(es)) hedule of servic	session ssion/Will not talk es [] Needs follo	Appearance: [] Neat [] Disheveled [] Other		
Particip Plan: (c	[] Lethargic ation: [] Cooperative, [] Avoidant/Poo [] Refused to F heck appropria [] Continue Sc [] Continue Tre	/Contributes to s or Participation Participate in Se ate box(es)) hedule of servic eatment Plan	session ssion/Will not talk es [] Needs follo [] Consider D	Appearance: [] Neat [] Disheveled [] Other	-	

Therapist_____

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