

Community Counseling of Central Connecticut Inc.
 53 Muir Ave Bristol, CT. 06010
 860-582-7904 cccofcentralct.org
Session Notes

Client Name: _____ **Client #:** _____ **Adm. Date:** _____

Date: _____ **Type of Session:** Ind Fam Couple Group **Length:** Single Double
 No Show With Call No Call

Mood:

- | | | | | | |
|------------------------------------|------------------------------------|---------------------------------------|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Irritable | <input type="checkbox"/> Unresponsive | <input type="checkbox"/> Angry | <input type="checkbox"/> Defiant | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Neutral | <input type="checkbox"/> Anxious | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Uncooperative | | |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Confused | <input type="checkbox"/> Trusting | <input type="checkbox"/> Manic | <input type="checkbox"/> Other | |

Affect:

- | | | | | |
|-------------------------------|---------------------------------|-------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Flat | <input type="checkbox"/> Labile | <input type="checkbox"/> Restricted | <input type="checkbox"/> Appropriate to content | <input type="checkbox"/> Other |
|-------------------------------|---------------------------------|-------------------------------------|---|--------------------------------|

Energy Level:

- | | | | | |
|------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Lethargic | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Restless | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Other |
|------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|--------------------------------|

Participation:

- Cooperative/Contributes to session
 Avoidant/Poor Participation
 Refused to Participate in Session/Will not talk

Appearance:

- Neat Disheveled
 Other _____

Plan: (check appropriate box(es))

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Continue Schedule of services | <input type="checkbox"/> Needs follow-up | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Continue Treatment Plan | <input type="checkbox"/> Consider Discharge | |
| <input type="checkbox"/> Consult needs to be scheduled | <input type="checkbox"/> Change in schedule | _____ |
| <input type="checkbox"/> Other | _____ | |

Narrative: _____

Warren Corson III PhD, NCC, LPC, ACS _____

Date: _____ **Type of Session:** Ind Fam Couple Group **Length:** Single Double
 No Show With Call No Call

Mood:

- | | | | | | |
|------------------------------------|------------------------------------|---------------------------------------|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Irritable | <input type="checkbox"/> Unresponsive | <input type="checkbox"/> Angry | <input type="checkbox"/> Defiant | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Neutral | <input type="checkbox"/> Anxious | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Uncooperative | | |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Confused | <input type="checkbox"/> Trusting | <input type="checkbox"/> Manic | <input type="checkbox"/> Other | |

Affect:

- | | | | | |
|-------------------------------|---------------------------------|-------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Flat | <input type="checkbox"/> Labile | <input type="checkbox"/> Restricted | <input type="checkbox"/> Appropriate to content | <input type="checkbox"/> Other |
|-------------------------------|---------------------------------|-------------------------------------|---|--------------------------------|

Energy Level:

- | | | | | | |
|------------------------------------|--------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Lethargic | <input type="checkbox"/> Tense | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Restless | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Other |
|------------------------------------|--------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|--------------------------------|

Participation:

- Cooperative/Contributes to session
 Avoidant/Poor Participation
 Refused to Participate in Session/Will not talk

Appearance:

- Neat Disheveled
 Other _____

Plan: (check appropriate box(es))

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Continue Schedule of services | <input type="checkbox"/> Needs follow-up | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Continue Treatment Plan | <input type="checkbox"/> Consider Discharge | |
| <input type="checkbox"/> Consult needs to be scheduled | <input type="checkbox"/> Change in schedule | _____ |
| <input type="checkbox"/> Other | _____ | |

Narrative: _____

Warren Corson III PhD, NCC, LPC, ACS _____