 **Maryland Mental Health Progress Note**

**Date of service:** Click here to enter a date. **Patient Name:** Click here to enter text.

**Medical Record #:** Click here to enter text. **Present at Session:** select an option

select an option

**Session #** select session number select an option

Click here to enter text.

**Session start/stop times:** Click here to enter text.

**Types of treatment provided:** select an option **Service(s):**  select an option

select an option

select an option

**Treatment Modality/Intervention(s):** select an option

select an option

select an option

Click here to enter text.

**Treatment Goals:**

1. select an option

2. select an option

3. select an option

**Session Narrative/Observation (S/0):**

select an option

**Treatment Response/Progress (A):** select an option

**Diagnosis:** select an optionselect an option

select an option select an option

select an option select an option

select an option select an option

select an option select an option

select an option select an option

**Treatment and Follow-up Plan (P):**

select an option

Type you name here as a signature Click here to enter a date.

Insert Clinician’s Name Here Date