

Therapeutic Alternatives, Inc.

Sample Provider

PROGRESS REPORT

Client: Sample C Client

Date of Progress Report: 09/01/05

Case Number:

For the period of: 08/01/05 to 08/30/05

Scheduled Appointments

Date	Code	Attendance	Type	Hours	CPT
08/02/05	IT	Session Attended		1 1	90806
08/09/05	IT	Session Attended		1 1	90806
08/16/05	IT	Session Attended		1 1	90806
08/23/05	CX	Cancelled by Client Without		1 0	90806
08/25/05	IT	Session Attended		1 1	90806
08/30/05	DNS	Did Not Show		1 0	90806

Progress Toward Goals

- Develop ability to cope with depressive symptoms and reduce their im Poor Fair Good Excellent
- Increase self esteem. Poor Fair Good Excellent
- Decrease anxiety and increase ability to function on a daily basis. Poor Fair Good Excellent

Focus of Therapy

Describe general topics of sessions.

Summary of Progress

Assess the client's progress in treatment.

Ongoing Areas of Focus/Concern

Describe any areas of concern, particularly those which will be the focus of future sessions.

Recommendations

Make any recommendations.

Sample Provider

Date