

## My Therapy Progress Note

Date:

Reason and Or Intention for this visit:

Current Emotional issues:

Other situations or stressors:

How is your treatment going? How sure are you that your therapist understands your issues?

Is there anything you are aware of that would help your treatment to go better?

Are you able to follow homework practice assignments or what would make them easier to complete?

If you are dissatisfied in any way, please take a moment to describe what is going on to insure your concerns are addressed:

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Patient/Client Name Printed

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Patient/Client Name Signed

Thank You for your feedback. It is valuable and will be used to make the service to you more responsive to your needs.