

Therapy Progress Report

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Therapist Name: [Insert Therapist Name]

Clinic Name: [Insert Clinic Name]

Referring Provider: [Insert Provider Name]

Reason for Referral:

[Insert reason for patient's initial therapy referral]

Session Summary:

Number of Sessions: [Insert Number]

Dates of Sessions: [Insert Dates]

Presenting Issues: [List of issues discussed]

Progress Towards Goals:

- [Goal 1]: [Progress Note]
- [Goal 2]: [Progress Note]
- [Goal 3]: [Progress Note]

Recommendations:

[Insert recommendations for continued care or adjustments to treatment]

Next Steps:

[Insert next appointment date and focus of future sessions]

Signature:

[Therapist Signature]

[Therapist Credentials]