

Therapy Progress Report

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Insurance Provider: [Insert Insurance Provider]

Claim Number: [Insert Claim Number]

Therapist Information

Therapist Name: [Insert Therapist Name]

License Number: [Insert License Number]

Contact Information: [Insert Contact Information]

Session Details

Frequency of Sessions: [Insert Frequency]

Date of Last Session: [Insert Date]

Duration of Sessions: [Insert Duration]

Progress Summary

Presenting Issues: [Insert Presenting Issues]

Progress Made: [Insert Progress Details]

Goals: [Insert Patient Goals]

Recommendations

Continued Therapy Required: [Yes/No]

Recommended Frequency of Sessions: [Insert Recommendation]

Signature: _____

[Insert Therapist Name]