

Therapy Progress Report

Patient Name: [Patient's Name]

Date: [Date]

Therapist Name: [Therapist's Name]

Session Date: [Session Date]

Progress Summary

[Provide a brief summary of the patient's progress over the course of therapy. Highlight improvements, challenges faced, and any notable incidents.]

Goals

[List the initial therapy goals. Indicate which goals have been met, which are in progress, and any new goals set.]

Techniques Used

[Briefly outline the techniques and methods used during therapy sessions. Include any exercises or activities performed by the patient.]

Patient's Reflections

[Space for the patient to include their reflections, thoughts, and feelings regarding their progress and therapy experience.]

Next Steps

[Outline the plan for future sessions, modifications to therapy approaches, or referral to additional resources if needed.]

Therapist Signature: _____