# *SERENITY MENTAL HEALTH SERVICES*
# 6613 Eastridge Road
# Black Hawk, SD 57718
# 605-431-8595

| CLIENT NAME | LOCATION | DATE & TIME | SERVICE | ¼ HOUR UNITS |
|---|---|---|---|---|
| | Office | | Circle one:<br>90801<br>90806<br>90814 | 4 6<br>8 Circle one |

**AFFECT OR MOOD**

- ☐ Appropriate
- ☐ Labile
- ☐ Flat
- ☐ Angry
- ☐ Sad
- ☐ Happy
- ☐ Anxious
- ☐ Manic
- ☐ Apathetic
- ☐ Blunted
- ☐ Euphoric
- ☐ Inappropriate to thought
- ☐ Frightened

**THOUGHT PROCESS/ATTITUDE**

- ☐ Appropriate
- ☐ Confused
- ☐ Poor memory
- ☐ Guilt
- ☐ Loose associations
- ☐ Poor concentration
- ☐ Disoriented
- ☐ Obsessions
- ☐ Compulsions
- ☐ Phobia
- ☐ Hallucinations

**VTAOG**

- ☐ Delusions
- ☐ Goal directed
- ☐ Cooperative
- ☐ Friendly
- ☐ Trusting
- ☐ Purposeful
- ☐ Seductive
- ☐ Mature
- ☐ Hostile
- ☐ Defensive
- ☐ Guarded
- ☐ Evasive
- ☐ Conscientious

**BEHAVIOR (PLEASE CIRCLE)**

| | |
|---|---|
| Appropriate | Hyperactive |
| Uncommunicative | Confused |
| Hypoactive | Restless |
| Distractible | Domineering |
| Short attention | Submissive |
| Agitated | Suspicious |
| Resistive | Rapid speech |
| Withdrawn | Aggressive |
| Impulsive | |

| | G | A | P |
|---|---|---|---|
| Appearance | ☐ | ☐ | ☐ |
| Judgment | ☐ | ☐ | ☐ |
| Insight | ☐ | ☐ | ☐ |

**PROGRESS STATUS**
Individual ↑ ↓ ↔
Interpersonal ↓ ↓ ↔

**MAJOR CONCERNS**

- ☐ Suicidal Ideations
- ☐ Suicide Contract
- ☐ Protective Custody
- ☐ Homicidal Ideations
- ☐ Inpatient Care Arranged

**GOALS:**

**1) I will cooperate and accept treatment interventions designed to arrest my depressive symptoms.**

**2) I will gain the initial skills necessary for assertiveness and enhance my self-image and agree to continue working on this problem at a less intensive level of care.**

**S: Describe what you discovered or talked about in this session:**

_____

_____

_____

_____

_____

**O: Describe how you felt in this session:**

_____

_____

_____

_____

**A: Assess your involvement in this session and what was difficult for you in this session:**

**Comments:**_____

_____

_____

**How did this session apply to your goals?**_____

_____

_____

_____

_____

**P: What are you going to do with your experience from this session?**

**Continue with identified treatment goals as listed above: YES OR NO**

**If no, please list the treatment update below.**

**Comments:**_____

_____

_____

_____

_____

_____

**Will continue to be seen on a regular basis: YES OR NO**

**Would like to be referred to another therapist: YES OR NO**

**Email address:** _____

**Next appointment date:** _____ **Time:** _____

_____

**Client Name** **Date**

_____

**Dr. Diana Smith, LPC-MH** **Date**