

GROUP THERAPY PROGRESS NOTE

CLIENT NAME: _____ NAME OF GROUP: _____

DATE/TIME (of group note): _____ PROBLEM/NEED: _____

LEADER: _____ GROUP SCHEDULE: _____

The client attended _____ group(s) this week on the following dates: _____

The client did not attend _____ group(s) this week on the following dates: _____

GROUP CONTENT: _____

PROGRESS MADE TOWARD GOAL: Yes No

PLAN: _____

APPEARANCE (*Check all that apply*):

HYGIENCE & GROOMING: Clean Neat/Well Groomed Disheveled Dirty
POSTURE & GAIT: Normal Limps Rigid/Tense Involuntary Movement

Significant change throughout the week. Please see comments below.

PARTICIPATION (*Check all that apply*):

ATTENTION: Normal Inattentive Distractible Confused
ATTITUDE: Cooperative Uninterested Resistant Hostile
Irritable Suspicious Paranoid
AFFECT & MOOD: Normal Anxious Depressed Labile Euphoric
THOUGHTS: Goal-directed Circumstantial Loose associations
INTERPERSONAL: Showed empathy Discussed meaningful personal issues
Provided helpful feedback Attention-seeking Disruptive
Not respectful of others

Significant change throughout the week. Please see comments below.

COMMENTS: _____

SIGNATURE: _____

Stamp Plate