



Jeff Wilfong, LMFT Client Name(s): _____

Goals: _____

Date: _____ Time: _____ Office Phone/Video Other Fee: \$ _____ Paid: \$ _____ Balance: \$ _____

Subjective: _____

Objective: Cooperative Depressed Withdrawn Anxious Slow/Rapid Speech Poor eye-contact Nervous
Anger/aggression Restless body Affect incongruent Hallucinations Delusions Poor memory/concentration

Distortions: B&W Overgeneralization Catastrophic Shoulds Blaming Being right Personalization

Risk Mgmt: SI Describe: _____

Hopelessness Major stressors Changes appetite/energy/sleep Self harm Substances _____

Plan: _____

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