

Mental Health Medical Treatment Record Form

This **mental health medical treatment record form** sample is designed to systematically document a patient's psychological assessments, treatment plans, and progress notes. It ensures accurate and confidential record-keeping that supports effective communication among healthcare providers. Utilizing this form helps improve the quality of mental health care and patient outcomes.

Patient Information

Full Name	<input type="text" value="Enter patient's full name"/>	Date of Birth	<input type="text"/>
Patient ID / MRN	<input type="text"/>	Gender	<input type="text" value="Select gender"/>
Contact Number	<input type="text"/>	Date of Visit	<input type="text"/>

Assessment Summary

Presenting Problem

Mental Status Exam

Diagnosis (DSM-5/ICD-10)

Treatment Plan

Treatment Goals

Interventions / Modalities

Prescribed Medications

List medications, dosages, instructions

Progress Notes

Session Date

Session Summary / Observations

Content of session, patient response, compliance, etc.

Plan for Next Session

Recommended actions, homework, referrals, etc.

Provider Information

Provider Name		Credentials	MD, PhD, LCSW, etc.
Signature	Provider signature		
Date		Contact Information	