

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	Enter patient's full name	Date of Birth	
Patient ID / MRN		Gender	Select gender
Contact Number		Date of Visit	

Assessment Summary

Presenting Problem

Brief summary of patient's reported issues

Mental Status Exam

Appearance, behavior, mood, affect, thought process, etc.

Diagnosis (DSM-5/ICD-10)

E.g., Major Depressive Disorder, GAD, etc.

Treatment Plan

Treatment Goals

Short- and long-term goals

Interventions / Modalities

E.g., CBT, medication, group therapy, etc.

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	<input type="text"/>	Credentials	<input type="text"/> MD, PhD, LCSW, etc.
Signature	<input type="text"/> Provider signature		
Date	<input type="text"/>	Contact Information	<input type="text"/>