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<p><b>Progress Notes for</b> _____ <b>DOB</b> _____</p>		
<p><b>Date</b> ___/___/20___</p>	<p><b>Date</b> ___/___/20___</p>	<p><b>Date</b> ___/___/20___</p>
<p>Diagnosis (DSM-5 / ICD-10)  Code # _____</p> <hr/> <p><b>Treatment provided (circle)</b>  Outpatient Psychotherapy  Couples/Family Therapy  (other) _____</p> <p>notes:  _____  _____  _____</p> <p><b>Treatment planned (circle)</b>  Outpatient Psychotherapy  Couples/Family Therapy  (other) _____</p> <p><b>Return (circle)</b>  next week, two weeks</p> <p>other:  _____  _____</p>	<p>Diagnosis (DSM-5 / ICD-10)  Code # _____</p> <hr/> <p><b>Treatment provided (circle)</b>  Outpatient Psychotherapy  Couples/Family Therapy  (other) _____</p> <p>notes:  _____  _____  _____</p> <p><b>Treatment planned (circle)</b>  Outpatient Psychotherapy  Couples/Family Therapy  (other) _____</p> <p><b>Return (circle)</b>  next week, two weeks</p> <p>other:  _____  _____</p>	<p>Diagnosis (DSM-5 / ICD-10)  Code # _____</p> <hr/> <p><b>Treatment provided (circle)</b>  Outpatient Psychotherapy  Couples/Family Therapy  (other) _____</p> <p>notes:  _____  _____  _____</p> <p><b>Treatment planned (circle)</b>  Outpatient Psychotherapy  Couples/Family Therapy  (other) _____</p> <p><b>Return (circle)</b>  next week, two weeks</p> <p>other:  _____  _____</p>
<p>_____  (signature)  Susan D.Griffith, Ph.D.  Richard S. Cooper, Ph.D.</p>	<p>_____  (signature)  Susan D.Griffith, Ph.D.  Richard S. Cooper, Ph.D.</p>	<p>_____  (signature)  Susan D.Griffith, Ph.D.  Richard S. Cooper, Ph.D.</p>