



DocScrib Progress Note Template

Client Information

Full Name:

Date of Birth:

Sex/Gender:

Introduction

Brief overview of the patient, including age, marital status, and living situation.

History & Current Status

Relevant medical and mental health history. Mention treatments, therapy, or medications that support stability.

Presentation at Clinic

Description of physical appearance, demeanor, cooperation, and who accompanied the patient, if anyone.



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Mood & Mental State

Details about emotional stability, thoughts of self-worth, safety concerns, or symptoms such as paranoia or hallucinations.

Social & Functional Status

Relationships, daily activities, independence, and support systems such as NDIS, family, or caregiver involvement.

Physical Health

Any relevant medical concerns such as obesity, arthritis, or chronic conditions. Include ongoing care and advice given.



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Plan & Recommendations

Treatment plan agreed upon: medication, therapy continuation, referrals, self-care guidance, hydration, etc. Include follow-up schedule

Closing Notes

Final remarks, summary of advice or encouragement provided to the patient.

Practitioner Details

Full Name & Title:

Clinic Address:

Contact Number:

Fax Number:

Email:

Signature:

Date: