



The Transition House Inc.

1024 East MLK Blvd
Chattanooga, TN 37403

Visit Type	N/A	Date/Time:	██████████ PM
Admission date	Individual Session	Client Name:	██████████
DOC #	██████████	DOB:	██████████
		Employee Name	Marie Ray

INDIVIDUAL SESSION

Reason for session: Individual

Diagnosis:

Effective Date: ██████████

Last Updated: ██████████

1(296.32 / F33.1) Major depressive disorder, Recurrent episode, Moderate

WHODAS 2.0 General Disability

Data: .

Met with client for individual therapy. Client reported that her week has been going great. She went back home and went to a charity event. She was able to spend time with her family and friends. Client also informed therapist that her new medication has been helping decrease her anxiety. She also reported that she enjoyed her knew coping skills because they were fun, peaceful, and helpful. She stated that the 5-4-3-2-1 Grounding Technique worked the best because it allowed her to “get out of her head.” She also appreciated the app on her phone because it was password protected. Client also reported that she was excited and nervous because she will start a new job soon.

Assessment: .

Client’s goal is still to be able to manage her anxiety and “get out of her own head.” She has been able to manage her boundaries and voice her opinions.

Plan: .

Client will continue to practice yoga, interact with the app, and continue to use the 5-4-3-2-1 Grounding Technique for her anxiety.

Case Management Notes

Case Management Notes:

Client is running out of her medication and needs a refill as soon as possible.

Approved by MRAY on 3/10/2020

Employee Signature: _____

Date: _____

Electronically Signed 3/10/2020 8:02 PM By Marie Ray