

Mental Health Provider
Visit Note Template

Referring Physician: _____ **Date:** _____

Patient Name: _____ **DOB:** _____

Thank-you for referring your patient. Here is a brief update regarding today's visit:

- Patient seen for initial evaluation
- Patient seen for follow up treatment
- Patient cancelled, rescheduled for: _____
- Patient did not keep scheduled appointment

Patient's presenting concerns: _____

Diagnosis: _____

Treatment Plan/Recommendations: _____

Progress (if a follow up report): _____

Please feel free to contact me if you have any further questions or concerns.

Signature _____