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Mental health session note

Patient nameFile no.Date of birth

PhoneDateDoctor

Session no.Duration (minutes)Present

Session type ☐ Assessment ☐ Therapy ☐ Follow-up ☐ Medication review

Format ☐ In person ☐ Video ☐ Phone

Presenting issues

Mental state observations

Appearance and behaviourSpeech

Mood (in the patient's words)Affect

Thought form and contentPerception

CognitionInsight and judgement

Risk screen

Area	Yes	No	Not assessed	Note
Suicidal thoughts				
Self-harm				
Risk to others				
Safeguarding (child or vulnerable adult)				
Substance use				
Self-neglect				

Safety plan, if needed

Interventions

Scales

Scale	Score	Date	Note
PHQ-9			
GAD-7			

Medication changes

Medication	Change (start, stop, adjust)	Reason	Prescriber

Plan and next session

Plan

Liaison ☐ Not needed ☐ Referring doctor ☐ Family, with consent ☐ Other

Between-session task

Next session date

Clinician name and signature

Date

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