

Group Note Template

Basic Information			
Session Date	Session Start/Stop Time	No. of Clients in Session	Therapist Name
Group Summary			
Group Summary			
Discussion Topic			
Intervention			
Plan			
Therapist Signature		Next Session Date	

Client No. ____			
First Name	Last Name	Date of Birth	Client ID
Client Mood			
Client Behavior			
Client Issues			
Client Group Interaction			
Client Response			
Client No. ____			
First Name	Last Name	Date of Birth	Client ID
Client Mood			
Client Behavior			
Client Issues			
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