

Group Therapy Case Note Template

Client Information																																																																											
First Name	Last Name	Date of Birth	Group																																																																								
Note																																																																											
Group Topics Discussed																																																																											
<p>Group Behavior Rating</p> <table border="0"> <tr> <td>Seemed interested in the group</td> <td><input type="checkbox"/> Strongly Disagree</td> <td><input type="checkbox"/> Disagree</td> <td><input type="checkbox"/> Neutral</td> <td><input type="checkbox"/> Agree</td> <td><input type="checkbox"/> Strongly Agree</td> </tr> <tr> <td>Initiated positive interactions</td> <td><input type="checkbox"/> Strongly Disagree</td> <td><input type="checkbox"/> Disagree</td> <td><input type="checkbox"/> Neutral</td> <td><input type="checkbox"/> Agree</td> <td><input type="checkbox"/> Strongly Agree</td> </tr> <tr> <td>Shared emotions</td> <td><input type="checkbox"/> Strongly Disagree</td> <td><input type="checkbox"/> Disagree</td> <td><input type="checkbox"/> Neutral</td> <td><input type="checkbox"/> Agree</td> <td><input type="checkbox"/> Strongly Agree</td> </tr> <tr> <td>Helpful to others</td> <td><input type="checkbox"/> Strongly Disagree</td> <td><input type="checkbox"/> Disagree</td> 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