IMPACT
CONTINUING EDUCATION

Client Name:		Clinician Name:	
Session Date:	Session #:	Diagnosis:	CPT Code:

D - DATA

A - ASSESSMENT

P - PLAN

Signature:	**Confidentiality Notice:** This document is confidential and intended for authoriuzed use only. Unauthorized access, use, or disclosure is prohibited.

IMPACT
CONTINUING EDUCATION

D - DATA

This section captures both the subjective and objective information from the session, combining what the client reports with what the clinician directly observes.

Client reported a stressful week with increased work demands and difficulty sleeping (3/7 nights). Mood was mildly anxious; affect congruent. Practiced breathing technique twice, found it "somewhat helpful." No safety concerns reported.

A - ASSESSMENT

This is where the clinician synthesizes the data into a clinical impression.

Client shows improved insight into anxiety triggers and continues to make progress toward treatment goals. Sleep disruption appears linked to work-related rumination rather than a primary sleep disorder.

P - PLAN

This final section outlines the path forward for both the therapist and the client.

Continue weekly sessions with focus on cognitive restructuring; assign sleep hygiene worksheet. Client to practice breathing technique daily. Next session scheduled for [DATE].