

P Webb  
Counselling Services  
1234 Florence Ave  
Jackson, NSW 1234

Client Name: Therese Chaumont  
Client DOB: 28/04/1978  
Diagnosis: F 33.0, Depressive Disorder, Recurrent, Mild

Date: 03/04/5678  
Start Time: 07:03 pm  
End Time: 07:58 pm

Client's Subjective Concerns/Chief Complaint:

"I'm starting to feel more depressed and am not sure what to do." Client has concerns about her changing mood, insomnia, loss of energy and motivation. She is also isolating from her romantic partner.

Clinical Observations:

Appearance:

Attention:

Ideation:

Changes:

Issues and Stressors Discussed/Session Description:

Client indicated she has experienced difficulty with increased depressive symptoms following an argument with her romantic partner last week. Client recounted the details of the argument saying it occurred late Tuesday night causing her to get less than 4 hours of sleep.

Client has continued to attend work as Office Manager at the hospital, and reports compliance with prescribed medication.

Client indicated the argument is now resolved, though she finds herself wondering "What's the point? He doesn't understand me."

Since the argument, the client has been spending more time on her mobile device and continuing to get a less than 5 hours sleep each night which is negatively impacting her energy level and mood. On raising this she scoffed and then laughed and stated, "I know, I know, I'm doing it to myself."

Assessment: The client's symptoms and presentation are in keeping with her depression, however her argument has created increased severity of symptoms. These are impacting her sleep, mood, energy and appearance. The client is at risk for worsening depression if she is unable to prevent further fatigue and isolation however she is agreeable to following the steps outlined in her safety plan if symptoms worsen.

Plan: Client agreed to resuming her previous sleep schedule immediately, turning off her smartphone at least 1 hour before bedtime. She will monitor her symptoms and reach out if symptoms worsen.

Next Appointment: 03/05/5678

Clinician Signature: \_\_\_\_\_  
Clinician Printed Name, LCSW