

# GIRP note

*Goal, Intervention, Response, Plan*

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PATIENT

DATE OF SESSION

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PROVIDER

MODALITY (E.G., CBT)

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DIAGNOSIS (ICD-10)

CPT CODE

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## **G** — Goal

*The specific treatment-plan goal (or objective) addressed in this session. Reference the goal verbatim from the treatment plan.*

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## **I** — Intervention

*Specific clinical interventions deployed in service of the goal — what you did, why, and for how long.*

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**R** — Response

*How the patient responded — engagement, insight, distress, breakthrough, or resistance.*

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**P** — Plan

*Next session's planned work, homework, coordination of care, expected progress toward the same or next goal.*

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**PROVIDER SIGNATURE**

**DATE SIGNED**

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