[ ]  Client did not attend / was unable to be contacted

[ ]  INITIAL SESSION REPORT [ ]  PROGRESS SESSION REPORT [ ]  FINAL SESSION REPORT

|  |
| --- |
| **Client Information:** |
| Client Surname:       Given name: | DOB:       |
| Referring GP:       | Number of Sessions attended:       |
| Date of 1st Session:       | Date of last session:       |
| Further sessions recommended: |  | Yes | [ ]  | No | [ ]  | [ ]  Individual [ ]  Family (children’s  mental health) |
| **Focussed Psychological Strategies provided:** (Please tick) |
| Assessment | [ ]  | Cognitive Analysis | [ ]  | Interpersonal Therapy | [ ]  |
| Motivational Interviewing | [ ]  | Psycho-Education | [ ]  | Social Skills Training | [ ]  |
| Stress Management | [ ]  | Parent Management | [ ]  | Relaxation Strategies | [ ]  |
| Exposure Techniques | [ ]  | Anger Management | [ ]  | Self Instructional Training | [ ]  |
| Problem Solving | [ ]  | Family Therapy | [ ]  | Behaviour Modification | [ ]  |
| Attention Regulation | [ ]  | Communication Training | [ ]  | Narrative Therapy | [ ]  |
| Mindfulness | [ ]  | Other (please specify):       |
| **Session Information:**  |
| Initial presenting problems |       |
| Progress/Outcomes overview |       |
| Outcome Tool and score | Tool type: | Score entry:      | Score exit:      |

|  |  |
| --- | --- |
| Continuing problems/concerns(including any perceived obstacles to treatment) |       |
| **Specific recommendations for the GP**:  |      [ ]  The client has been provided with a relapse prevention toolkit and their individual relapse prevention plan has been added. Please review this plan regularly with the client. |
| **Request for GP:**[ ]  Please review overall progress[ ]  Please encourage client to continue to implement skills learnt in the sessions[ ]  Please continue to monitor medication needs [ ]  Please pursue additional psychological treatment for this client. |
| **Other comments:**  |       |
| **Mental Health Provider details:**  |
| **Name:** |       |
| **Phone number:** |       |
| **Fax:** |       |
| **Email:** |       |
| **The information I have provided on this form is a true and accurate record of services provided to the client listed in this report:** |
| **Signed:** |  | **Date:**  |       |