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

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

|  |
| --- |
| **Client Information:**  |
| Client 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 | [ ]  | Psychoeducation | [ ]  | 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 | **Initial introductory history, social and family context:****Presenting issues reason for referral:**      |
| Assessment | **Past history:**          **Substance use**:           **Premorbid personality:**           **MSE:*** General appearance / behaviour:
* Mood:
* Affect:
* Sleep:
* Motivation / Energy:
* Thinking:
* Perception:
* Concentration / Attention:
* Appetite:
* Anxiety:

**RISK:*** Treatment adherence -
* Resilience factors -
* Protective factors -
* Suicidal ideation -
* Intent:
* Plan:

**FORMULATION:**      |
| Outcome Tool and score       | Tool type:       | Score entry:          | Score exit:            |
| **INITIAL PLAN** | 1.
 |
| **Specific recommendations for the GP**:  |            |
| **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:**  |        /     /           |