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** | | | | |  | | | | | | | | | | | | |
| **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:** | | | /     / | | | |