| **COUNSELLING NOTES** |
| --- |
| **Client name** |
|  |
| **Session** |
|  |
| **Date** |
|  |
| **Analysis of information provided prior to commencing the session (if applicable)** |
|  |
| **Goals** |
|  |
| **Topics discussed and outcome** |
|  |
| **Interventions/Strategies** |
|  |
| **Next session** |
|  |
| **Signed** |
|  |