| **COUNSELLING PLAN | Wellness Counselling Service** |
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| **Client details**  |
| Anika Gupta |
| **Involvement of other agencies/referral information** |
|  |
| **Special needs information** |
|  |
| **Safety/reporting issues** |
|  |
| **Client's own identified priorities** |
|  |
| **Observed client requirements** |
|  |
| **Goals** |
|  |
| **Monitoring** |
|  |
| **Counsellor signature** |
|  |
| **Date** |
|  |