Therapy session notes [MHCA 2017]

Date:

Name		Age/Gender		Reg. No	
Diagnosis		Session No		Session duration	

Session participants		Therapy method used:			
		Individual		Couple	
		Family		Group	
		Other			

Objectives of the session:	Issues discussed:

Therapy techniques used:

This sheet is to be filled during every <u>therapy session</u> by the therapist/doctor.

Therapist Observation & reflection:

Assessment (progress/ impairment/ effectiveness of interventions)

Plan for next session/ homework

Next Appointment (Date & Time)			
Therapist Name:		Supervised by:	
Qualification:		Qualification:	
Signature:		Signature:	

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