**THERAPY CENTRE SERVICES**

**Child Final Session Report**

**CLIENT DETAILS Date of Birth: / /**

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| --- | --- |
| **Client Name :** |  |
| **Date of Initial Session :** |  |
| **Referral reference :** | **TCS Office use only** |

**GENERAL MENTAL HEALTH ASSESSMENT**

**Please specify main presenting issue:**

|  |  |  |
| --- | --- | --- |
| **Level A** | **Level B** | **Level C** |
| Academic concerns / Exam Stress | Anger / aggression or tantrums | ADHD |
| Anxiety (generalised) | Attachment issues | Adoption & Foster care issues |
| Bereavement | Cancer | Autism & Asperger’s |
| Blended family issues | Child neglect | Body dysmorphia |
| Bullying | Giftedness | Child abuse |
| Depression (low level / no risk) | Health anxiety | Developmental issues |
| Divorce issues | Health issues (physical) | Disruptive Mood Dysregulation (DMDD) |
| Education related stress | Hyperactivity | Eating disorders |
| Family issues | Insomnia / nightmares / night terrors | Gender identity |
| Fears / worries | Mood swings / mood disorder | Intellectual Disability |
| Feeling sad / SAD | Phobias | OCD |
| Insecurity | Poverty | Oppositional & Defiant Behaviours (ODD) |
| Irritability | Racial / ethnicity | Personality disorders |
| Self-confidence / self-esteem | Withdrawal / isolation | Self-harm / suicidal thoughts |
| School performance (decline) |  | Trauma |
| Sibling issues |  |  |
| Social anxiety |  |  |
| Social media |  |  |

**RISK ASSESSMENT**

Please confirm if you have assessed any risk/concerns for the client’s safety or wellbeing:

**REFERRER RELATED ASSESSMENT**

Please confirm if there is information you would clinically recommend the school is aware of to best support this client:

**PARENT/GUARDIAN RELATED ASSESSMENT**

Please confirm if there is information you would clinically recommend the child’s Parent/Guardian is aware of to best support this client:

**FINAL SESSION REPORT**

|  |  |
| --- | --- |
| **Presenting issues covered throughout sessions:** |  |
| **Therapy Focus**  **(What were the main focuses of the sessions together)** | 1.  2.  3. |
| **Was the counselling helpful?** |  |
| **Are there any issues remaining? How have these been addressed (signposting / referral back to referrer, additional sessions requested)** |  |
| **Any other comments :** |  |

**CORS or RCADS (this is optional and not a ‘requirement’ however if the client completes an assessment and agrees for the scores to be included in their report please provide the scores below);**

|  |  |
| --- | --- |
| **CORS (6-12 years)** |  |
| **RCADS (8-18 years)** |  |