****

**Final Session Summary – send to** [Think.Well@staffordshire.gov.uk](mailto:Think.Well@staffordshire.gov.uk) **only.**

**This document to be completed at the end of the support.**

|  |  |
| --- | --- |
| **Employee Details** | |
| Employee Name | Click here to enter text. |
| Employee Reference | Click here to enter text. |
| Provider Name & Name of Counsellor/Psychologist | Click here to enter text. |
| Support Provided | Number of Sessions received:  Date First session: Click here to enter a date.  Date Last session: Click here to enter a date.  Did the employee attend all of the sessions:  Yes  / No |
| Type of strategies used. | Click here to enter text. |
| Outcomes of the Sessions | Click here to enter text. |
| Clinical assessment scores following support.  GAD7 & PHQ9 | PHQ9 |
| GAD7 |
| HADS |
| Perceived Barriers | Click here to enter text. |
| ThinkWell Plan provided and completed by employee. | Yes  / No |
| Signature of Counsellor/Psychologist | Signature:  Date: Click here to enter a date. |

Please email to [Think.Well@staffordshire.gov.uk](mailto:Think.Well@staffordshire.gov.uk) Do not send to the manager.