|  |
| --- |
| Therapy Extension Request Form: |
| Client Identifying Number: | SS  | ACS |
| Clients Surname: |  |
|  |
| Referral Focus / Presenting Issue: |  |
| Allocated number of sessions: | Current session number: |
|  |
| Request details:*Please provide supporting information for this request, in particular demonstrating why and how it would be detrimental to the client should therapy conclude within the original number of sessions**.* |
| Counsellors Name: |  |
|  |
| Date of Request: |  |

BWS – Additional Sessions Request