**THERAPY CENTRE SERVICES**

**Final Session Report**

**CLIENT DETAILS**

|  |  |
| --- | --- |
| **Client Reference :** |  |

**SESSION REPORT**

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