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**Final Session Summary – send to** Think.Well@staffordshire.gov.uk **only.**

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

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| **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 Do not send to the manager.