**THERAPY CENTRE SERVICES**

**Final Session Report**

**CLIENT DETAILS**

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

**SESSION REPORT**

|  |  |
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| **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 :** |  |