**THERAPY CENTRE SERVICES**

**Final Session Report**

**CLIENT DETAILS Date of Birth :**

|  |  |
| --- | --- |
| **Client Name :** |  |
| **Client full address (incl postcode)** |  |
| **Date of incident :** |  |
| **Date of 1st session:** |  |
| **Referral reference :** | **TCS Office use only** |

**CONTRACTING**

Confirmation that Statement of Understanding was agreed with client

Confirmation that Reports are provided after initial and final sessions

Confirmed with client that we inform the referrer any appointments DNA’d

and the reason for the session not attended.

**Report prepared and submitted by**

**Lucy Johnson**

Director

Therapy Centre Services

MBACP Registered (00796975)

Text, logo, company name

Description automatically generated

Date of Report :

**GENERAL MENTAL HEALTH ASSESSMENT**

**Please specify main presenting issue:**

|  |  |  |
| --- | --- | --- |
| **Level A** | **Level B** | **Level C** |
| Anxiety (generalised) | Abortion | Addictions |
| Bereavement | Anger | Adoption |
| Bullying | Cancer | Attachment disorder |
| Depression (low level / no risk) | Child abuse | Body dysmorphia |
| Divorce | Complex grief | Dementia |
| Family issues | Domestic abuse | Disassociation |
| Feeling sad / SAD | Miscarriage | Eating disorders |
| Loneliness | Health anxiety | OCD |
| Relationship issues | Physical abuse | PTSD |
| Redundancy | Postnatal depression | Paranoia |
| Self confidence / self esteem | Self harm / suicidal thoughts | Personality disorders |
| Stress | Sexuality (coming to terms with) | Phobias |
| Work related stress | Trauma | Sexuality (gender identity / sexual preference) |
|  |  | Schizophrenia |

**WORK RELATED ASSESSMENT**

Is the client currently attending work Yes / No

If no, how many days has the client been signed off work in the last 30 days?

**FINAL 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 :** |  |