

CCS7/F8 – CLIENT CONTACT FORM

This form must be completed and left in the relevant poly-pocket at the end of each and every counselling session whether the client attends or not

DATE					
COUNSELLOR					
CLIENT REF NO					
CLIENT ATTENDED					
Notes enclosed	<input type="checkbox"/>	tick as appropriate	Notes to follow	<input type="checkbox"/>	tick as appropriate
<i>[To be returned within 7 days]</i>					
CLIENT DID NOT ATTEND					
No Message	<input type="checkbox"/>	tick as appropriate	Message received	<input type="checkbox"/>	tick as appropriate
Message details:					
A MUTUAL AGREEMENT HAS BEEN MADE BETWEEN MYSELF AND THE CLIENT FOR A BREAK IN OUR SESSIONS					
Date of next session					
A MUTUAL DECISION HAS BEEN MADE BETWEEN MYSELF AND THE DIRECTOR OF COUNSELLING FOR ME TO TAKE A BREAK FROM SEEING CLIENTS IN THE FOLLOWING COUNSELLING SLOT(S)					
Day		Time		Room	
Day		Time		Room	
Day		Time		Room	
Day		Time		Room	
Day		Time		Room	
Day		Time		Room	
Date of resumption					
THE WORK WITH THIS CLIENT IS NOW ENDED					
I have completed _____ Sessions					
The client wishes to be re-referred		<input type="checkbox"/> tick as appropriate			

**PLEASE NOTE IF THIS FORM IS NOT COMPLETED
 THEN THE FILE WILL BE LEFT UNPROCESSED**