

Session Notes

Patient ID:

Session no:

Time of session:

Intro: My Name, Patient's full name and preferred name, client's GP and DOB, Confidentiality, Agenda (What main problem is, problem statement, questionnaires, homework), DNA Policy, Time – 45 Mins

MDS

Scores PHQ-9:	A:	1.	2.	3.	4.	5.	6.
Scores GAD-7:	A:	1.	2.	3.	4.	5.	6.
Social P:	A:	1.	2.	3.	4.	5.	6.
Agoraphobia:	A:	1.	2.	3.	4.	5.	6.
Specific P:	A:	1.	2.	3.	4.	5.	6.

Risk:

Suicidal thoughts

Plans/Preparations:

Previous Attempts:

Intent 1-8:

Prevention:

Self Harm:

Risk to others:

Risk from others:

Neglect of Self:

Neglect of dependents:

Crisis numbers:

Samaritans: 116 123

Other:

Client's main problem: (Including Medication/Employment status)

A:

B:

C:

Problem Statement:

Goals:

1.

2.

3.

Homework:

Next Session Date/Time:

Trigger:

B (Behaviour)

A (Autonomic/physical feelings)

C (Cognitions/thoughts)

Maintaining Factors:

Additional Information: