COUNSELING SESSION FORM

INVALUABLE GRACE

CLIENT INFORMATION

Name		**Address**	
Age		**Occupation**	
Gender	□ Male □ Female	**Emergency Contact**	
Contact Number		**Relationship to Client**	

SESSION INFORMATION

Date		**Session Type**	
Time		**Session Number**	
Counselor Name		**Presenting Issue(s)**	
Client's Goals			

SESSION NOTES

Summary of Discussion	
Key Concerns Raised	
Interventions Used	□ CBT □ Psychodynamic □ Solution-Focused □ Other: _____
Client's Goals	
Homework/Assignments	
Next Steps	
Counselor's Observations	
Client's Feedback	

- **Confidentiality of Data** – The information provided in this form will be kept confidential in accordance with ethical and legal standards applicable to counseling practice.
- **Data Accuracy and Completeness** – Please ensure that all requested information is filled out accurately and completely to ensure optimal service.

Client's Signature

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Counselor's Signature

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