

The Therapon Counseling Center

Client Counseling Summary Notes

Name of Client: _____

Date of Counseling Session: _____ Time: _____

Session Number: (Circle one) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19
20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35
36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

Primary Issue(s) covered: _____

Observed state of the client: _____

Problem Areas Client Expressed: _____

Was this session in a group or one-on-one? _____ Did we come to any resolutions? If yes, what? _____

What assignment did you give the client to complete before the next session? _____

Insight and Discernment:

