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:

A (Autonomic/physical feelings)

B (Behaviour)

C (Cognitions/thoughts)

Maintaining Factors:

Additional Information: