Counseling notes should correspond with each treatment plan inc	xek

- 1. Drug use and/or withdrawal potential
- 2. Biomedical Conditions and Complications (Physical Health)
- 3. Emotional/Behavioral Conditions (Mental Health)
- 4. Treatment Acceptance/Resistance (Legal)
- 5. Relapse Continued use Potential
- 6. Recovery Environment (Family, Social, Educational, Vocational)

Counseling	Notes fo	r Individ	lual Ses	ssions
Date	e will reflect week of,	date and time of se	ession.	

WEEK OF: _____ THRU____ DATE OF: ____ TIME: ____ AM TO ____ AM PM PM

CLIENT NAME	CLIENT LOG #