

# Treatment Log

**First Name:** .....

**ID Number:** .....

**Company:** .....

|         |      |                  | Signature  |             |
|---------|------|------------------|------------|-------------|
| Session | Date | Presenting Issue | Counsellor | Client      |
| 1       |      |                  |            | First name! |
| 2       |      |                  |            | First name! |
| 3       |      |                  |            | First name! |
| 4       |      |                  |            | First name! |
| 5       |      |                  |            | First name! |
| 6       |      |                  |            | First name! |
| 7       |      |                  |            | First name! |
| 8       |      |                  |            | First name! |
| 9       |      |                  |            | First name! |
| 10      |      |                  |            | First name! |