**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number… Date of intake…**

**Client Code… Practicum Site…MTRH**

1. **Client’s demographic information (gender, age, number of siblings, marital status etc. Allow the client to share what s/he is comfortable with).**

**Gender:   
Age:   
Marital status:**

1. **Relevant history concerning previous counselling treatment( if any)**
2. **The current situation (allow the client to share whatever has brought him/her for therapy).**
3. **What is your initial assessment of the client; cognitively, emotionally, socially and physically in relation to his/her concerns?**

**CP FORM 2**

**INDIVIDUAL TREATMENT PLAN FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client code** | **Date of Session** | **Time of session** | **Session number** | **Duration of session** | **Practicum site** |
|  |  |  |  |  | MTRH |

**Client’s Concerns (Issue bringing him/her for therapy)**

**Goal(s) for therapy**

**Interventions (state theories used)**

**Plans for next session**

**Student Counsellor’s signature… Date…**