**CP FORM 1**

**CLIENT INITIAL ASSESSMENT FORM**

**Case Number… Date of intake…**

**Client Code…**  **Practicum Site…MTRH**

**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:**

**Relevant history concerning previous counselling treatment( if any)**

**The current situation (allow the client to share whatever has brought him/her for therapy).**

**What is your initial assessment of the client; cognitively, emotionally, socially and physically in relation to his/her concerns?**Insight

Mood and Affect

Social behaviour

Appearance

**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…**

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**INDIVIDUAL TREATMENT PLAN FORM**

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

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