**CLINICAL NOTES**

**Therapist’s Name: Terapia Supervisor:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE:** |  | **SESSION NO:** | |  | **CLIENT CODE:** |  |
| **SUMMARY OF SESSION**  (incl. key themes, main issues, client presentation/ observations) | | | | | | |
|  | | | | | | |
| **SUMMARY OF WORK DONE**  (incl. key observations of self, main interventions, process and interaction with client) | | | | | | |
|  | | | | | | |
| **ISSUES / CONCERNS FOR SUPERVISION** | | | | | | |
| **DATE OF SUPERVISION** | | |  | | | |
| **SUPERVISION FEEDBACK** | | | | | | |
|  | | | | | | |

**Therapist’s Signature: Date:**

**Supervisor’s Signature Date:**

Issue 1 – June 2020