

**Form-B**  
**[See rule 6 (3)]**

(Name of the Institute/Hospital/Centre with address)

Clinic record no. \_\_\_\_\_

**THERAPIST SESSION NOTES**

<b>Patient name:</b> Age: Gender:
<b>Psychiatric diagnosis:</b>

Session number and date:	Duration of session:	Session Participants:	
<b>Therapy method:</b> Individual Couple/Family Group Other _____	<b>Objectives of the session:</b> 1.  2.  3.  4.		

**Key issues/themes discussed:** (Psychosocial stressors/Interpersonal problems/Intrapsychic conflicts/Crisis situations/Conduct difficulties/Behavioral difficulties/ Emotional difficulties/ Developmental difficulties/ Adjustment issues/ Addictive behaviours/Others).

**Therapy techniques used:**

**Therapist observations and reflections:**

**Plan for next session:**

**Date for next session:**

**Therapist**

**Supervised by (if applicable)**

Name:

Name:

Date:

Date:

Qualification:

Qualification:

Signature:

Signature: