[Insert organisation name/logo]

# CASE NOTES

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client name** |  | | | | **Client ID** |  | | |
| **Staff name and role** |  | | | | | | | |
| **Date** |  | **Time: .am/pm** | | | | **Session Number** | |  |
| **Contact type:** (individual, group, family, joint with partner, telephone, sms, face-to-face) | |  | | | | | | |
| **Subjective** | | | | | | | | |
| **Presenting problem** *(statement of the specific concerns the client is seeking support for)* | | | | | | | | |
| **Treatment outcome goals** *(statement of the desired treatment outcomes directly related to the presenting concern)* | | | | | | | | |
| **Case details** *(what the client tells you, e.g. history: medical, medication including reactions to, family, social, occupational, educational, lifestyle; client’s expression of their issues, history of presenting problems (onset/development/duration/intensity); client’s feelings, concerns, plans, goals and thoughts; orientation to their time, place, person etc; commitment to treatment, change of mental state/issues since previous sessions)* | | | | | | | | |
| **Observations** (objective observations*of the* *client/s general appearance, emotional and mental state, behaviours; client’s demonstrated strengths and weaknesses; nature of the interpersonal process between client and worker; test results, information from other professionals/services)* | | | | | | | | |
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| **Assessment**  *(details of comprehensive assessment)* | | | | | | | | |
|  | | | | | | | | |
| **Plan** (intervention strategies to achieve treatment goals; any interventions or education provided during the session; treatment goals for next session; homework) | | | | | | | | |
|  | | | | | | | | |
| **Session record** | | | **Follow up** | | | | | |
| **Start time** |  | | | **Appointment date** | | |  | |
| **End time** |  | | | **Time** | | |  | |
| **Length of session** |  | | | **Session number** | | |  | |

|  |  |
| --- | --- |
| **Staff member signature** |  |
| **Staff Name** |  |