

Counseling and Advising Client Progress Notes



Confidential Record

Date: _____ **L Number:** _____
Client Name: _____

Type of Contact with _____ Counselor:
In-Person **Drop-in (not scheduled)**
Phone **E-mail**
No show **Cancelled in advance**

Summary of Service Provided
Current Status:

Issues(s) Addressed:

Recommendation/Plan(s):

Referral(s):

Next Appointment:

Printed Names/Signatures:
Counselor:

Date:

If applicable Clinical Supervisor:

Date: