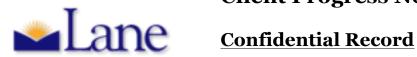
Counseling and Advising Client Progress Notes



Date: Client Name:	L Number:	
Type of Contact In-Person Phone No show		Counselor: Drop-in (not scheduled) E-mail Cancelled in advance
Summary of S	Service Provided	
Current Statu		
Issues(s) Add	ressed:	
Recommenda	ation/Plan(s):	
Referral(s):		
Next Appoint	ment:	
<u>Printed Name</u> Counselor:	es/Signatures:	Date:
If applicable (Clinical Supervisor:	Date: