[Insert organisation name/logo]

# CASE NOTES Template

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| --- | --- | --- | --- |
| **Client name** |  | **Client ID**  |  |
| **Staff name/ 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 issues/problems the client is seeking help for)* |
| **Treatment outcome goals** *(statement of the desired treatment outcomes directly related to the presenting problem/s)* |
| **Case details** *(what the client tells you, e.g. history: medical, medication including reactions to, family, social, occupational, educational, lifestyle; client’s expression of his/her 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)* |
| **Objective** (*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)* |
|  |
| **Assessment***(analysis of the problems, hypotheses, explanations, conceptualisations, theoretical speculation; clinical diagnosis and worker impression based on data, interpretation of tests)* |
|  |
| **Plan** (treatment techniques/intervention strategies to achieve treatment goals; any interventions or education provided during the session; treatment goals for next session; prognosis; homework) |
|  |
| **Session record**  | **Follow up** |
| **Start time** |  | **Appointment date**  |  |
| **End Time** |  | **Time** |  |
| **Length of session** |  | **Session number** |  |

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