

COMPREHENSIVE RISK COUNSELING & SERVICES

Sample Case Notes Template

Appendix F1

Name _____ Counselor ID _____ Client ID _____ ®Date ____/____/20____

Format of Session (*Check one*)

- Face-to-Face Phone Other _____

Length of session ____ hr(s) ____ minutes

Goal # _____

Objective 1 _____

Action Step 1 _____

Action Step 2 _____

Overall progress since last session (*Check response*)

- Met goal Some improvement No improvement Relapse

Achieved today (*Check all that apply*)

- Goals and objectives identified Barriers identified Objectives and Action steps developed

Other service(s) provided _____

Referrals (*Check all that apply*)

- Need identified _____ Client to contact referral source
 Referral made during the session Referral forms were completed

Follow up on previous referral(s) (if any) Completed Did not complete

Case Notes _____

CRCS signature _____

Date _____