



## **SUMMARY REPORT**

<b>NAME</b>	
<b>AGE</b>	
<b>COURSE</b>	
<b>FAMILY HISTORY</b>	
<b>LOCATION</b>	
<b>EMERGENCY CONTACT NUMBER</b>	
<b>CONTACT NUMBER OF THE STUDENT</b>	
<b>DATE OF THE SESSIONS</b>	
<b>DAY OF THE SESSION</b>	

### **Goals of the Sessions:**

This includes the goals that the client wants to achieve with the help of counselling

### **Summary of the Session:**

This includes a brief of what was discussed during the session

### **Recommendations:**

This includes what I want to recommend to the client. This can include reflections, skills building, relaxation techniques etc.,

**\*Disclaimer\***

I do not offer crisis counselling services. In case you feel you or anyone you know may require immediate help, please reach out to your nearest hospital or a crisis counselling helpline.

Contact us at:

[support@therapybysaniya.com](mailto:support@therapybysaniya.com)

[www.therapybysaniya.com](http://www.therapybysaniya.com)