## Therapist

Therapist Contact Details

Counsellor: ………………………………………………………………………………………

Email: ……………………………………………………………………………………….

Telephone: ……………………………………………………………………………………….

NHS  Private 

Consultation Notes

**Psychotherapy Session …**

**Type of session** CBT DBT Other: …….……………………………...

Date of appointment: ……………………………………………………………………………

Take home messages:

Work to complete this week:

Next appointment booked?  Yes  No Date: …………………...

Private  If so, paid 

**Psychotherapy Session …**

**Type of session** CBT DBT Other: …….……………………………...

Date of appointment: ……………………………………………………………………………

Take home messages:

Work to complete this week:

Next appointment booked?  Yes  No Date: …………………...

Private  If so, paid 

**Psychotherapy Session …**

**Type of session** CBT DBT Other: …….……………………………...

Date of appointment: ……………………………………………………………………………

Take home messages:

Work to complete this week:

Next appointment booked?  Yes  No Date: …………………...

Private  If so, paid 