# **Confidential Psychotherapy Report**

# For Professional Use Only

Prepared By:

NAME QUALIFICATIONS

Address and contact details

Tel: xxx Email: xxxxx

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**Client Name: XXXX** 

Address: D.O.B: Age: xxx

## Name of your service

Brief description of your therapy service

#### **Referral Details**

XXX was referred to my adolescent counselling and psychotherapy service by xxxx. I was informed that XXX had requested therapeutic support and that other local mental health professional services involved in XXX's support services had formed the view that engaging in early therapeutic intervention would further support XXX's adolescent development process.

### **Factual Context**

- XXX is xxx years of age and currently in xxx year in secondary school
- XXX lived full time with xxxx up to one year ago when she was placed in full time foster care with XXX's current caregivers XXXX
- The XXXX have been an external source of support for XXX and xxxx since XXX was 2/ 3 years of age
- XXX does not have contact with xxx
- XXX has xxxxxx siblings who reside xxxx
- I was informed that XXX's mother has a history of xxx and she suffers with xxxx
- I was informed that currently, XXX has some contact with xxxx
- I was informed that XXX has experienced episodes of self harm

#### **Contact Assessment**

A contact assessment was conducted at **initial intake** on the xxxxx. I met with XXX together with XXXX. XXX and the XXXX gave general background information which provided some historical context with regard to XXX's life experience. The outcome of the contact assessment was XXX was open to engage in a therapeutic process.

## **Broad Outline of Development of Therapy**

XXX has identified the following goals: -

- List goals for the therapeutic process
- Themes which have come up within the therapeutic process

# **Ongoing Therapeutic Work**

XXX was offered an appointment for **ongoing therapy** beginning on the XXXX. XXX has been offered XXX ongoing appointments and has attended XXX/( all of those) to date.

Concluding Comments
Brief summary
Dated this day
Signed:
Psychotherapist