<table>
<thead>
<tr>
<th>Date</th>
<th>Client(s)</th>
<th>Therapist</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Payment** | **Session No.** | **Length/Cancel/No Show**
---|---|---

**Type of session:**
- Intake
- Psychotherapy
- Assessment
- Other

**Red Flag issues:** Homicide, suicide, violence, child abuse?  
If yes, document individuals contacted, actions taken.  
Yes | No

**Notes:** (Description of major issues or events and therapist response or interventions, Assessment of situation or of client, Plans for follow up, homework, etc.)

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