

Appointments Screen * Choose/enter 1 option only

Client ID * _____

Counsellor * _____

Appointment type *

- Individual Counselling/Support
- Advocacy
- Couples Counselling
- Group Counselling

Appointment priority *

- Crisis
- Ongoing

Interpreter *

- No
- Yes

Notes

This document is to be kept separate from all other information relating to this client. Exclude all identification details for client or any other person. NEVER include any details or reference to the client's personal, or legal affairs, or mental or physical health. This includes both present circumstances and any future prognoses. No other document or potential information source, such as handwritten counselling notes, and/or another person's name, should be referred to.

Date * _____

Time * _____

Counselling/Support location *

- Main RCC
- Other _____

Status *

- Scheduled
- Fulfilled
- Cancelled
- No Show

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