Summary to date

Name:_____ File #: _____

Age (s):_____ Number of Sessions:_____

List any family members who participated and their ages:

Dates seen: from_____ to_____

- Presenting Problem:

- State of Problem at Currently:

- Please circle reason for completing this form:

Transfer to another counsellor   Counsellor name if known_____

Sending File to archive

Completing internship/contract with Living Systems

Other:_____

- Recommendation in the event the person or family returns for counselling:

Name:_____Signature:_____Date: _____