Client Attendance Record

Date submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counsellor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Please submit an updated record monthly with invoices.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date dd/mm/yy** | **Sessions** | **Unique**  **Client**  **Code** | **Donation if any £** | **Client’s signature** | **Therapists signature** | **Total fee less donation**  **£** |
|  | Session 1 |  |  |  |  |  |
|  | Session 2 |  |  |  |  |  |
|  | Session 3 |  |  |  |  |  |
|  | Session 4 |  |  |  |  |  |
|  | Session 5 |  |  |  |  |  |
|  | Session 6 |  |  |  |  |  |
|  | Session 7 |  |  |  |  |  |
|  | Session 8 |  |  |  |  |  |
|  | Session 9 |  |  |  |  |  |
|  | Session 10 |  |  |  |  |  |
|  |  |  |  |  | ***Total*** |  |