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***  |   |