Telehealth Counseling Session Note

Date:	
Time:	
Client Name/ID:	
CHERT VALUE .	
Clinician Name:	
Session Number:	
Modality:	
	<u>_</u>
Presenting Problem(s):	
Session Goals:	
Interventions Used:	
Client Response/Progress:	
Risk Assessment:	

Plan/Next Steps:

Additional Notes:			