

**ARIZONA STATE BOARD OF NURSING
CANDO PROGRAM
4747 North 7th Street, Suite 200
Phoenix, Arizona 85014-3655
(602) 771-7865 FAX (602) 771-7882**

INDIVIDUAL/GROUP COUNSELING REPORT

CLIENT'S NAME: _____ DATE: _____

COUNSELOR: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ EXT: _____

TIME PERIOD FOR THIS REPORT: FROM _____ TO: _____

Date client entered into counseling: _____

Number of sessions attended since last report: _____

If absent, did the client inform you ahead of time in a responsible manner?

Yes _____ No _____

Has the client taken an active and motivated role in their work with you?

Yes _____ No _____

Goals you and the client are actively working toward? _____

Referrals and/or recommendations made to the client: _____

Counselor's Signature