

Client Worksheet

Counselor & Location: _____

Client Name: _____

Client Phone #: _____

Emergency Contact: _____

Rate per Hour: _____

	Date	Counselor Initials	Duration (Hr. Min)	Payment Received
<i>Session 1</i>				
<i>Session 2</i>				
<i>Session 3</i>				
<i>Session 4</i>				
<i>Session 5</i>				
<i>Session 6</i>				
<i>Session 8</i>				
<i>Session 9</i>				
<i>Session 10</i>				
<i>Session 11</i>				
<i>Session 12</i>				
<i>Session 13</i>				