Session Notes Instructions

The Session Notes form serves as case notes for each client session. You should record all client session information on the form below. One Session Notes form should be completed promptly after meeting with a client and placed in the client’s file. You may also find it useful to complete a form following a telephone conversation or when a client cancels or misses an appointment. There are three sections to the Session Notes form: (1) general information about the session; (2) narrative about the session; and (3) the type of referrals made during the session.

Code Listings for the Session Notes form: The following are the suggested codes to use for each of the sections listed on the Session Notes form. These numerical codes will simplify the data entry and data analysis processes, and will allow your agency to input uniform numerical codes rather than words for each field.

Section I
Session Number: Fill in the session number, 1-5. If this is a telephone communication, use numbers starting with “6” for the first phone communication, and then increase the numbering from there. For example, the first phone communication is 6, the second is 7, and so on. If the phone communication is with someone other than the client, e.g., you are contacting a person on the client’s Locator Form, do not complete a session form for this communication.

Persons Involved in the Session: Multiple codes may be used to describe who participated in each client session. Note: Not all codes will be used for each session.

(1) Client
(2) Linkage Coordinator
(3) Family Member, such as a sibling
(4) Significant Other – Partner/Spouse
(5) Friend
(6) Medical Care Staff
(7) Other Clinical Staff (Non-medical)
(8) Other Agency Personnel

Session Location(s): Multiple codes may be used if the session takes place in more than one location.

(1) Agency Office
(2) Client’s Residence
(3) Medical Care Clinic or Hospital
(4) Public Location ____ (please specify)
(5) Community Partner Agency
(6) Telephone
(7) Car/Vehicle
(8) Other ____ (please specify)

Client Transportation to and from the Session: Multiple codes may be used to identify how the client was able to get to and from the session with the LC.

(1) Client Vehicle
(2) Public Transportation
(3) LC or Agency’s Vehicle
(4) Friend or Family
(5) Walked
(6) Taxi Cab
Section II
Narrative: This section should cover, at a minimum, the following areas:

- Objectives and activities for the session that were or were not accomplished, and why
- Notable client reactions to completing or not completing the objectives and activities
- Client’s threats to self or others or pressing medical/psychological problems to be followed-up on immediately

Record what parts of the ARTAS Session Plan were discussed.

Section III
Referrals: This section should include information about all non-medical referrals made during the session. If a referral was made to a community partner(s) (resource, agency, or service provider), enter the code(s) below in the field labeled “Referred to.” Note: Please customize the referral categories as your agency sees fit.

Mental Health Treatment – 1  HIV Testing Site – 2  Food Pantry – 3  
Social Security Admin. – 4  State License Bureau – 5  Housing – 6  
Employment – 7  Child/Day Care – 8  Immigration – 9  
Legal Services – 10  Faith Community – 11  Self Help Groups – 12  
Job Center – 13  Vital Statistics Bureau – 14  Children’s Services – 15  
Clothing/Hygiene – 16  Other – 17 (please specify)

In the “Method of Referral” field, use the following code(s) to record how the referral was handled:

1: LC provided the client with the name and contact information for a referral site(s), and left it up to the client to make the connection.

2: LC called the resource and asked questions on the client’s behalf. When appropriate, the LC advocated for the client’s involvement with the referral site.

3: LC accompanied the client to the referral site.

Note: Referrals to medical care should not be recorded here.

The code (1, 2, or 3) should be recorded on the “Method of Referral” row under the corresponding “Referral to” column.

Session Notes need not be completed for telephone calls where no new or significant discussions take place. Examples of this might include reminding a client of an appointment or clarifying transportation needs.
Session Notes

Client ID: ______ ______ ______  Date of Session ______/______/______

LC Name: ________________________________________________________________

Session Start Time: ______:_______ AM/PM (circle one)  End Time: ______:_______ AM/PM (circle one) Total Time: _______________________ (in Minutes)

Session Number (1-5): __________________

Persons Involved in Session: _______, _______, _______, _______, ______(From Code List above)

Primary Session Location(s): _______, _______, _______, _______, ______ (From Code List above)

Client Transportation to/from Session: _______, _______, _______, _______, ______(From Code List above)

Narrative: ________________________________________________________________

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Non-Clinic Referrals

Was a referral(s) made to a community partner (whether another Agency, Resource, or Service Provider) during this Session? Yes (1) or No (2) If yes, where was referral made and how assertive was the referral?

<table>
<thead>
<tr>
<th>Referred to</th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Method of Referral:</td>
<td></td>
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<td></td>
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</tbody>
</table>

Linkage Coordinator Signature: _____________________________________________
# Session Notes Summary Sheet

Client ID: _____ _____ ______  Date Summary Sheet Completed _____ / _____ / _____  LC Name: ________________

<table>
<thead>
<tr>
<th>Contacts</th>
<th>General Information</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Total Time</td>
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<tr>
<td>----------</td>
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<tr>
<td>Session 1</td>
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<td>Session 2</td>
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<td>Session 3</td>
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<td>Session 4</td>
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<tr>
<td>Session 5</td>
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</tr>
</tbody>
</table>

Phone contact

Phone contact

Mail contact

E-mail contact

Total number of scheduled sessions the client missed: No show _______  Canceled _______

Did the client link with a medical care provider? Yes (1)  No (2)  Don’t Know (3)

If yes (1), where did the client link? _______

General Comments (NOT required for data entry):