

## Bathhouse Counselling Session Notes

Date:	Time:	<input type="checkbox"/> Parameters of program discussed
Location:	Counselor:	<input type="checkbox"/> Confidentiality discussed
		<input type="checkbox"/> Counselling Evaluation Feedback Form
Ethno-racial Background:	Language:	Year of birth:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Anger<br><input type="checkbox"/> Anxiety/Stress<br><input type="checkbox"/> Depression/Sadness<br><input type="checkbox"/> Grief/Loss<br><input type="checkbox"/> Guilt/Shame<br><input type="checkbox"/> Loneliness/Isolation<br><input type="checkbox"/> Suicidal thoughts<br><input type="checkbox"/> Self Esteem<br><input type="checkbox"/> Trauma<br><input type="checkbox"/> Body Image Issues<br><input type="checkbox"/> Eating Difficulties<br><input type="checkbox"/> Self-harm behavior<br><input type="checkbox"/> Substance Use<br><input type="checkbox"/> Substance Misuse<br><input type="checkbox"/> Other Mental Health Problems<br><input type="checkbox"/> Social Skills | <input type="checkbox"/> Health Issues<br><input type="checkbox"/> Aging<br><input type="checkbox"/> Disability Issues<br><input type="checkbox"/> Childhood Abuse<br><input type="checkbox"/> Family Issues<br><input type="checkbox"/> Relationship Issues<br><input type="checkbox"/> Partner Abuse<br><input type="checkbox"/> Sexual Assault<br><input type="checkbox"/> Sexuality<br><input type="checkbox"/> Kink<br><input type="checkbox"/> Barebacking<br><input type="checkbox"/> Negotiating Safer Sex<br><input type="checkbox"/> HIV/AIDS<br><input type="checkbox"/> Other STIs<br><input type="checkbox"/> Risk Prevention<br><input type="checkbox"/> Sexual Identity | <input type="checkbox"/> Coming Out Issues<br><input type="checkbox"/> Bisexuality<br><input type="checkbox"/> Homophobia<br><input type="checkbox"/> Trans Issues<br><input type="checkbox"/> Bathhouse Issues<br><input type="checkbox"/> Stigma<br><input type="checkbox"/> Race/ethnicity<br><input type="checkbox"/> Immigration/Settlement Issues<br><input type="checkbox"/> Religion/Spirituality<br><input type="checkbox"/> Poverty<br><input type="checkbox"/> Education Issues<br><input type="checkbox"/> Employment Issues<br><input type="checkbox"/> Needs resource information<br><input type="checkbox"/> Psycho-education:<br>(specify topic) _____<br><input type="checkbox"/> Other: _____ |
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**Expected Outcomes:**

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**Referrals made (please list):**

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**Session Length:**

**Follow-up Counselling:**

**Risk Assessment:**

<input type="checkbox"/> No	Harm to self? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes Where:	Harm to others? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If yes, safety plan created	

**Noted Drug and/or Alcohol Use**  Yes  No

Indicators:

Which Substances:

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**Session Summary**

Lined area for session summary notes.

**Relationship Status Disclosed?**  Yes  No

- Married
- Common law
- Relationship
- Single
- Polyamorous

- Open
- Closed

- Same sex
- Opposite sex

**Notes**

Lined area for additional notes.