

# CASE REPORT FORM (STAFF & STUDENT)

Matric No.

File No.

SESSION	ACTION / REMARKS																				
<b>Voluntary</b> <input type="checkbox"/> New <input type="checkbox"/> Follow-up  <b>Referred</b> <input type="checkbox"/> New <input type="checkbox"/> Follow-up  <input type="checkbox"/> <b>Consultation</b>  <input type="checkbox"/> Clinical <input type="checkbox"/> Non-clinical  Date: _____  Time: _____	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>																				
	Area of Problems: <b>Non-Clinical</b>																				
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Signature & Stamp of Counselor

Date of Next Appointment: \_\_\_\_\_

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