

Treatment Note

Client information	
Patient's name:	
Date of birth:	Gender:
Treatment plan	
Medical diagnosis:	
Intervention:	
Medication:	
Advice and recommendations:	
Referrals and follow-up:	
Follow-up scheduled for:	
Other notes	
<i>(Please record any other relevant details, e.g. risk assessment, client response)</i>	
Clinician details	
Name:	Designation:
Signature:	Date: