MOTIVATION REPORT

This report is submitted to the relevant Human Capital Head in order to motivate for additional counselling sessions above the number of sessions already authorized.

|  |  |
| --- | --- |
| Client name: | Click to enter Client Name |
| Employer: | Click to enter Employer |
| Segment: |  |
| Report date: | Click to select date |

|  |  |
| --- | --- |
| How many sessions done including 1st session? | Click to enter Number |

Employee was referred through:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Self |  | Employer |  | Mom. Wellness case manager |  |
|  | | | | | |
| Employee has given consent to share this report with: | | | | | |
| No one |  | Employer |  | Mom. Wellness case manager |  |

|  |  |
| --- | --- |
| Referring Manager’s name: | Click to enter Manager’s name |
| Manager’s phone number: | Click to enter Manager’s Phone |
| Manager’s email address: | Click to enter Manager’s Email Address |
| |  |  |  | | --- | --- | --- | | Has the client consented to disclosure of session details? | Yes: | No: | | |
| If NO, Reason? | Please describe… |
| Client’s level of coping after counselling | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Excellent |  | Very good |  | Good |  | Fair |  | Poor |  | | |
|  | |
| Severity of problem after counselling | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Resolved |  | Not serious |  | Serious |  | Very Serious |  | | |
|  | |
| Client’s response to counselling | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Positive |  | Ambiguous |  | Resistant |  | Disinterested |  | | |
|  | |

Interventions done by Counsellor thus far?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Debriefing |  | Trauma counselling |  | Supportive |  | Couples therapy |  | Family therapy |  |
| General counselling |  | Skills development |  | Psycho-education |  | Coaching |  | Mediation |  |

Reason for motivating for more sessions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| New challenges emerged |  | Referral to other resources is required |  | Complex case |  |

Summary

Please note that if the employee has not given consent to share session details the counsellor will not provide these details but rather general reasons for motivation.

|  |  |
| --- | --- |
| |  | | --- | | Initial reason for referral | |

|  |  |
| --- | --- |
| |  | | --- | | Progress made in sessions thus far | |

|  |  |
| --- | --- |
| |  | | --- | | Reason for motivating for additional sessions | |

|  |  |
| --- | --- |
| |  | | --- | | Treatment plan for future sessions if granted | |

|  |  |
| --- | --- |
| |  | | --- | | Number of additional sessions recommended | |

Any further comments by counsellor

|  |
| --- |
| Please Specify... |

Name of counsellor

|  |
| --- |
| Click here to enter Name. |

Any comments by Momentum Wellness case manager

|  |
| --- |
| Please Specify... |

Name of case manager

|  |
| --- |
| Click here to enter Name. |