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 |
|

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| --- | --- | --- |
| Has the client consented to disclosure of session details? | Yes: [ ]  | No: [ ]  |

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| If NO, Reason? | Please describe… |
| Client’s level of coping after counselling |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Excellent  | [ ]  | Very good  | [ ]  | Good  | [ ]  | Fair  | [ ]  | Poor  | [ ]  |

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| Severity of problem after counselling |
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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Resolved | [ ]  | Not serious | [ ]  | Serious | [ ]  | Very Serious | [ ]  |

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| Client’s response to counselling |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| Positive | [ ]  | Ambiguous | [ ]  | Resistant | [ ]  | Disinterested | [ ]  |

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|  |

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.

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| Initial reason for referral |

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|  Progress made in sessions thus far |

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| Reason for motivating for additional sessions |

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| Treatment plan for future sessions if granted |

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

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Any further comments by counsellor

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| --- |
| 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. |