

Recording a New or Additional Disclosure

To be completed by the therapist.

Name of service user: Firstname Lastname	Date of birth: DD/MM/YYYY
Date of therapy session: DD/MM/YYYY	Time: HH:MM
Location of therapy session: Location	Name and role of therapist: Firstname Lastname, Role
Any other person(s) present and their role(s): Firstname Lastname, Role	
What was the disclosure? (Record verbatim where possible, using speech marks to denote exact wording.)	
What did the therapist say in response? (Record verbatim where possible, using speech marks to denote exact wording.)	
What action was taken by the therapist in response to the disclosure?	
Any additional observations?	