CONFIDENTIAL

TRILLIUM SPRINGS COUNSELING
1640 Powers Ferry Road, Building 16, Suite 300, Atlanta, Georgia 30067

SESSION NOTES

Homework Assignments(s):

Client Name(s): _____

Type of Counseling:

Individual	Couples	Family	Group
Phone	Consultation	Supervision	

Date Day & Time Session #	

Note: Mental status within normal limits, no suicidal or homicidal ideation, unless otherwise stated.

Psychotherapist's Signature: _____