

## Counseling Attendance Log

*You will receive 25 points for completing this activity*

Name: \_\_\_\_\_ Facility: \_\_\_\_\_

You will earn credit for this activity by attending at least 3 appointments over the next 6 months.

**Instructions:** Please fill out the form below to receive credit. Use the table below to track your counseling sessions during the current 6-month period. Be sure to include the date, name of counselor, session type (individual, couples, or family) and length of session

\*\*\*Receive an extra 5 points for a 2-3 sentence reflection of how the counseling sessions have helped you in your health journey (write in below the table or back of page).

Date	Name of Counselor	Session Type (Individual, Couples, or Family)	Session Length
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____