DISCLOSURE SESSION RECORD

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3.

Name of Client:

Patient File #:

Name of Healthcare Provider

Date:

SESSION DETAILS				
History leading up to disclosure:				
Disclosure topics covered?				
Information given to child/adolescent (Include what tools or words were used):				
Child/adolescent's response and questions:				
Health promoting tasks given to child/adolescent and caregiver:				
Follow up plan and linkages :				