

# **Virtual Consultation Notes**

Name of Client: \_\_\_\_\_

Date of Consultation: \_\_\_\_\_ Name of Therapist: \_\_\_\_\_

Verbal Consent to AV Record Obtained: \_\_\_\_\_

Name of File of AV Recording: \_\_\_\_\_

Concerns expressed by the client:

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Areas of the Body Addressed:

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Self Testing Instructed and then Performed by the client with results recorded.

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Self Care Techniques Instructed and then Performed by the client with results recorded.

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Ongoing Self Care Treatment Plan Shared with the Client

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Additional Resources provided to the client (AV Documentation [ex You Tube Video] or Written Documentation)

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