

MIT CLIENT REGISTER

To be completed every session for the total number of sessions each client has been allocated. Please insert additional rows when required, indicate your breaks or sickness where relevant, and submit this form with your monthly invoice to

finance@mbadilikotherapy.com

(THIS REGISTER MUST NOT CONTAIN ANY CONFIDENTIAL INFORMATION)

CLIENT REGISTER (PLEASE NOTE EXAMPLE BELOW THEN DELETE BEFORE USE)

CLIENT ID	DAY & DATE	TIME & MODE (ONLINE / IN-PERSON)	SESSION NO.	SESSION ATTENDED (Y/N)	OFFICE INFO (DNA / ADVANCE CANCELLATION / CLIENT REQUESTED CHANGE IN FEES / SESSION FREQUENCY CHANGE / CHANGE OF THERAPIST REQUEST / FINAL SESSION. ETC)
ART12X21P	Tues 11/01/23	14:00 - Online	1	Y	
ART12X21P	Tues 18/01/23	14:00 - Online	2	Y	
ART12X21P	Tues 25/01/23	13:00 – Online	---	N	DNA – FEE OWED (ABSENT 1)
ART12X21P	Tues 01/02/23	14:00 - Online	3	Y	
ART12X21P	Tues 08/02/23	14:00 - Online	---	---	COUNSELLOR BREAK
ART12X21P	Tues 15/02/23	14:00 - Online	4	Y	
ART12X21P	Tues 22/02/23	14:00 - Online	5	Y	
ART12X21P	Tues 01/03/23	14:00 - Online	---	N	LATE CANCELLATION - FEE OWED (ABSENT 2)
ART12X21P	Tues 08/03/23	14:00 - Online	6	Y	
REG06X21S	Tue 01/03/23	15:00 - Online	1	Y	
REG06X21S	Tues 08/03/23	15:00 - Online	2	Y	
REG06X21S	Tues 15/03/22	15:00 - Online	3	Y	
REG06X21S	Tues 26/04/23	15:00 - Online	4	Y	
REG06X21S	Tues 03/05/23	15:00 - Online	5	Y	

