

useful
" CORE CODES "

THERAPY ASSESSMENT FORM (TAF)				
Employment Use first box if only one applies. Two boxes are available to indicate dual status e.g. PT work/PT study	1	Full time paid employee (>30 hours per week)	6	Part time student
	2	Part time paid employee (<30 hours per week)	7	Retired
	3	Receiving sickness/incapacity/invalidity benefit	8	Houseperson
	4	Unemployed	9	Other not specified above
	5	Full time student		

Ethnic Origin Two boxes available for mixed/dual origin. If only one applies use the first box	1	Asian (Bangladeshi)	4	Asian (E. African)	7	Black (Caribbean)
	2	Asian (Indian)	5	Asian (Chinese)	8	White (English/European)
	3	Asian (Pakistani)	6	Black (African)	9	Other
Referrer(s) Boxes available for up to 3 sources of referrer. Put main one in first box	01	GP surgery/practice	05	Social Services	09	Private counsellor/therapist
	02	Psychiatrist	06	Voluntary Org.	10	Family member
	03	Other doctor	07	Education based service	11	Friend or acquaintance
	04	Other NHS service	08	Legal profession	12	Self
					13	Other

Sub Codes SC2 and SC3 See Gestalt prn Codes for Type of Setting and Specialisms (client group/issue)

Identified Problems/Concerns – Severity ratings		
1	causing minimal difficulty	problem reported as present, but only causing minor difficulty which does not affect day to day functioning.
2	causing mild difficulty	problem present and causing difficulty in one area of functioning but does not affect overall day to day functioning.
3	causing moderate difficulty	problem is causing significant difficulty in one or more areas of day to day functioning, and/or is moderately affecting overall functioning.
4	causing severe difficulty	problem causing severe impairment in all areas of functioning.

Assessment Outcome	
Assessment only	The client attended the assessment session only. They may be suitable for therapy but decided not to take it up or only an assessment session was required. There is no need to complete end of therapy form.
Accepted for therapy	As a result of your assessment, therapy sessions were offered
Accepted for trial period of therapy	As a result of your assessment the client was identified as suitable for a trial period of therapy, and a number of sessions were offered.
Long consultation	The client was identified as suitable for a long consultation only, rather than a contracted episode of therapy.
*Referred to other service	As a result of your assessment, the client was referred elsewhere for help.
*Unsuitable for therapy at this time	As a result of your assessment, the client was identified as not currently suitable for therapy (e.g. in denial, not psychologically minded, unwilling to do the work etc.).
*If client is not entering therapy, give brief reason	In the box provided, briefly describe the reasons why the client is not entering therapy with your service. This includes referral back to the GP, other psychological services (not identified by your Site ID), helping agencies or voluntary organisations.

END OF THERAPY FORM (EOT)

NOTE: The EOT form should be completed in all cases where a client was accepted for therapy or a trial period of therapy,

Sub Codes SC4 and SC5 numbers See Gestalt prn Codes for Type of Therapy Contract and Type of therapy offered

Date therapy commenced This should be the date of first post assessment session

Date therapy completed This should be the date of last session attended

Number of sessions attended This should be the number of appointments kept **including assessment**

Number of sessions unattended This should be the number of appointments arranged but not kept, for any reason

<p>Ending of therapy – unplanned</p> <p>If the therapy ending is unplanned, tick the box next to 'unplanned' and then tick the reason</p>	<p>Unplanned due to crisis. e.g. an event prevents the client from attending any more appointments.</p> <p>Unplanned due to loss of contact. e.g. client just doesn't return for any more appointments, with no reason given.</p> <p>Client did not wish to continue. e.g. client does not feel therapy is helping and terminates future sessions planned.</p> <p>Other Outline reason in box provided</p>
<p>Ending of therapy – planned</p> <p>If the therapy ending is planned tick the box next to planned <i>and</i> then tick the reason</p>	<p>Planned from outset Therapy continues up to the point agreed with the client from the start.</p> <p>Agreed during therapy Ending was agreed at any point after the start of therapy.</p> <p>Agreed at end of therapy Ending was agreed during the last therapy session.</p> <p>Other Outline reason in box provided.</p>