

# Andrew's fund

## ANDREW'S FUND - COUNSELLING FUNDING APPLICATION - FORM B

To be completed by a registered Mental Health Practitioner as a supportive document to Client Form A.

Client's full name and date of birth:

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Date(s) of attended sessions:

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Presenting issues:

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If related to a traumatic incident, please provide details:

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Major symptoms identified:

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Treatment Plan:

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Therapist Name, Credentials

Signature

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BY CHECKING THIS BOX, YOU HAVE VERIFIED THAT YOUR CLIENT CONSENTS TO THE DISCLOSURE OF THIS INFORMATION TO THE KMHF.

