## **Social Work Case Note**

| Date:                   |
|-------------------------|
| Client Name:            |
| Age:                    |
| Address:                |
| Contact Number:         |
|                         |
| Presenting Issues:      |
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|                         |
| Background Information: |
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| Assessment:             |
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| Goals:                  |
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| Interventions:                  |
|---------------------------------|
|                                 |
| Progress:                       |
|                                 |
| Collateral Contacts:            |
|                                 |
| Barriers and Challenges:        |
|                                 |
| Reassessment and Modifications: |
|                                 |

| Reflections:               |
|----------------------------|
|                            |
| Future Plans:              |
|                            |
| Confidentiality Notice:    |
|                            |
| Disclaimer:                |
|                            |
| Social Worker's Signature: |
| Date:                      |