

**Anxiety Training**  
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AnxietyTraining.com

**Case Consultation Summary**

<b>Client Demography:</b>	<b>Number of Sessions:</b>	<b>Client Medications:</b>
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**Relevant Life History:** \_\_\_\_\_  
\_\_\_\_\_

**Treatment Summary:** \_\_\_\_\_  
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<b>What has been successful?</b> _____ _____ _____ _____ _____	<b>Question for Case Consultation:</b> _____ _____ _____ _____ _____ <table border="1" style="width: 100%;"><tr><td style="width: 60%;"></td><td style="width: 40%;"><b>Next client appointment:</b> _____</td></tr></table>		<b>Next client appointment:</b> _____
	<b>Next client appointment:</b> _____		

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Clinician's Name and date of consultation