

**PSYCHOLOGICAL THERAPY:  
TREATMENT EXTENSION REQUEST FORM**



Date	
Member	
Membership number	
Therapist	
Authorisation number	
Therapy modality	
Working diagnosis	
Formulation / Case Conceptualisation (please identify model used )	
Risk & risk management plan (including disorder specific risk management, such as eating disorder)	
Treatment interventions already used	

Clinical outcome measures being utilised (inc. scores and interpretations)			
Date	Measure name	Score	Interpretation

Number of sessions already used	
Number of sessions requested	
Frequency of the sessions	
How will these additional sessions be utilised (please be specific in intervention terms)	
Will these sessions complete therapy? If 'no' - please detail reason	
Other relevant case information	

Signed	
Print name	

**Together, all the way.<sup>SM</sup>**



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