

Client Name: _____ Date: _____ Time: _____

Part I - Before session:

Client reports:

Specific things I did to help myself (since my last session) _____

(The following information is to be filled out by the client)

Lifestyle and Health Check-in (0 – 10)

(I rate myself right now as)

(0 = low satisfaction; 10 = high satisfaction)

____ Sleep/Rest	____ Exercise	____ Diet	____ Spiritual/God
____ Recreation	____ Self Time/Care	____ Work	____ Tobacco Use
____ Friends	____ Sense of Security	____ Intimacy	____ Alcohol Use
____ Overall Health	____ Freedom from addiction	____ Sense of significance/Purpose	
____ Level of Pain	Where do you experience pain in body? _____		

Medication/Vitamins/Supplements Changes: ____ Yes ____ No Compliance with Rx: ____ Yes ____ No

Mood Check-in (0 – 10)

(0 = low amount; 10 = high amount)

____ Depressed	____ Anxious	____ Happy
____ Violent Toward Self	____ Violent Toward Others	____ Angry

Relational Check-in (0 – 10)

(0 = low satisfaction; 10 = high satisfaction)

A significant person in my life: _____

____ Communication	____ Resolving Conflict	____ Affection
____ Intimacy / Closeness	____ Forgiveness	____ Overall Satisfaction
____ Abuse		

Today's Focus

Specific issue I would like to focus on today: _____

Part II - After Session

Counselor Empathy Evaluation

(0 = low empathy; 10 = high empathy)

____ Warm & Supportive	____ Concerned about me
____ Respectful to me	____ Paid attention to me
____ Seemed to understand what I was saying	

Self Help (0 - 10)

My willingness to change this coming week _____

Specific things I will do this coming week to help myself: _____

Please STOP
[The following information is to be filled out by the Counselor]

Counselor's Name: _____

Session: _____ Individual: _____ Family: _____ Marital _____

Client(s) Present: _____

Part III

Treatment goals addressed today were: _____

Counselor intervened today by _____

Client responded by _____

Continuation of services remains necessary to help the client decrease symptoms of _____

and increase coping skills.

Next session is scheduled for: _____

Counselor's signature: _____

Additional Important information _____