

"WHAT CAN I DO TO HELP?"

"WHAT DO YOU WANT TO WORK ON?"



PLEASE PRINT CLEARLY

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONES: HOME _____ WORK: _____ CELL: _____ DOB: _____

ISSUES & GOALS

ISSUES: Please identify 3-significant issues affecting you or your family today.

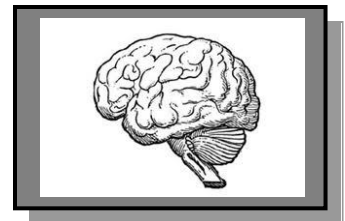
- 1)
- 2)
- 3)

GOALS: Please identify 3-goals you would like to start working toward.

- 1)
- 2)
- 3)

ACTION PLAN: In order to deal with & treat the concerns expressed above; & accomplish the goals you have indicated, the following plan has been reviewed & agreed upon. (Completed after 2nd or 3rd session by therapist & client with date to re-evaluate)

- 1)
- 2)
- 3)
- 4)



Signed by Client: _____ Date: _____

Counselor: _____ Date: _____ Supervisor: _____ Date: _____

NOTES:

Reading Recommendation(s):

- *The Cry of the Soul*, Allender & Longman