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Client Initial Goals Form

What goals are you hoping to achieve by coming to therapy - eg. what would you like to see change in the short term or over the long term?

Currently how worried/stressed are you about the concerns (rate out of 10 with 1 being not at all distressed and 10 being extremely worried/stressed)

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

What have you tried in the past to achieve your goals?

What was the most effective approach/treatment/assistance you tried in the past - what were some barriers or difficulties?

Please record any medical or psychological history (inc psychiatrists, GP's, counsellors, past treatments, names and timeframe/dates if possible) - attach further information if necessary:

Please record any current medical conditions and medications prescribed:

Any other comments/questions:

NAME: _____ DATE: _____