Jason Fierstein, MA, LPC

Interval History Form

Thank you for taking a few minutes to fill this form out. This allows us to gauge your progress in counseling.

Your Name _____ Today's Date _____

Since your last visit:

Any changes in address/phone number(s)/living status?

What problems have you been experiencing since your last visit here?

Describe any insights you've gained since our last time together:

Any specific reactions from your last visit:

Overall, since my last visit, I feel: (circle one) Better No Change Worse

*Current emotional well-being (10 being **best**)*

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

Current family life:

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

Current work life:

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

Problem list.

1. 2.
3. 4.

For physical exercise, I have:

Is there anything else you'd like me to know today?

What particularly would you like to discuss today?

How would you decribe the need for today's visit?

Without today's visit, I would be:

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