

**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.  
3.

2.  
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 describe the need for today's visit?

Without today's visit, I would be:

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