



## Initial Assessment

**Name:**

**Date:**

**Phone:**

**Email:**

**Location:**

**DOB:**

**Occupation:**

**2nd Contact:**

**Things to work on:**

What are your immediate concerns or pressing matters?

What is missing, lacking, or unfulfilled?

What issues, problems, frustrations, or tolerations are you faced with?

Name any unhealthy habits, addictions, obsessions, phobias, or fetishes?

What challenges and obstacles are blocking you from moving forward?

Name major turning points/events, hardships, or adversities you've faced?

What judgments, grudges, resentments, or annoyances do you have with others?

Name any current medical conditions or legal problems?

What would you like to change or improve about yourself?

**Things to work toward:**

What are your immediate priorities and goals?

On what do you spend your time (downtime and responsibilities)?

What are your passions, joys, interests, and extracurriculars?

List your talents, skill sets, abilities, and areas of schooling and expertise?

Who and what supports you? Where do you turn for support?

What are your community connections (school, church, job, clubs, leagues, charities)

What are the 5 most important things to you in life?

What do you like about yourself and your life?

What do you hope to get from this experience?