

***** THERAPY GOALS *****

Your Name(s): _____ First Visit Date: _____

>> If there are more than one person coming to counseling, please each fill out their own form.

Whoes idea was it to come to therapy today? _____ Why? _____

Describe in detail the problem(s) that led you to consider entering into therapy?

If you could wave a "magic wand" and make everything better, what would that look like? What would change?

What are 3 broad goals you would like to work on in therapy? *Example; Improve my communication skills. Better Sleep. Less Anxiety.*

(1) _____

(2) _____

(3) _____

For each of the goals listed, describe specifically how your life will be different once you have completed therapy. *Example; "My spouse and I would have better communication about our problems, speak in a considerate and kind way, without screaming, fighting, & acting badly towards each other. We would choose to be kind to one another even when we disagree."*

Any other comment or information that you would like to convey to your therapist? Are there are subjects that are off limits?