SELF ASSESSMENT

Name:…… **Date:…../……/……**

This form is intended to help me review the progress of our counselling together. I will use the information you provide to guide my work with you, and to provide feedback to your referring doctor (where necessary).

Please fill out as much or as little of the form as you like. The headings are my suggestions of areas that I think are valuable to reflect on, but I invite you just to write what is important to you, or what is important for you to let me know. If you don't wish to write anything down, please feel free to talk with me instead. I would like to set aside time in our appointments to discuss any feedback you have.

OUTCOMES

Here is a place to reflect on things like:

- What you have got out of counselling
- Positive changes in your life since starting counselling
- Changes in your emotional and psychological well-being
- Goals you have achieved

Also very valuable is information on:

- Things that have not improved or got worse

SELF ASSESSMENT

Name:…… **Date:…../……/……**

GOALS In this place, please reflect on: ▪ What you would like to get out of counselling ▪ Problems that you would like to address that we have not yet attended to	
EMOTIONAL PROCESS One of the important tasks of therapy is to understand your emotional patterns. Please reflect on: ▪ What has been the most important thing you have learnt about your own emotional patterns ▪ What has the depth and intensity of the work been like for you ▪ What has it been like for you to experience emotions in sessions	
COUNSELLING METHOD In this place, I welcome your feedback on my practice, for example: ▪ Whether you feel listened to and understood, or if there are things I am missing. ▪ Whether the way I work suits you ▪ Whether you feel you can work on and talk about what you would like to ▪ How much sessions feel useful to you – and what parts of sessions feel more or less useful ▪ Any procedural or administrative issues ▪ Feedback about this form	