

# Recover Your Health

## Client Assessment Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Presenting Illness or Issue:

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2. When and under what circumstances did your illness begin?

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3. How has this affected your life? Are there any benefits or things that you have gained from your illness?

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4. When do your symptoms get better? When do they get worse?

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10. Who in your life supports you in mastering your illness?

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11. What other kinds of therapies have you tried?

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12. What life-style or attitude changes have been helpful?

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13. Do you associate any of these emotions with your illness?

Anger	Anxiety	Shame	Boredom	Glamour
Masculinity	Frustration	Depression	Loneliness	Happiness
Grief	Femininity	Fear	Abandonment	Loss, Romance
Relaxation	Sadness	Embarrassment		

Satisfaction

Other Emotions:

14. Is there anything else you would like to say about your illness?

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Goal for therapy:

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Additional Comments:

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Therapist's Signature

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Date

# **Recover Your Health**

## Client Planning Form

Step One: Select and define the underlying problems:

Step Two: Create goals based on the client's needs:

Step Three: Focus on objectives:

Step Four: Interventions of the therapist: