

First Therapy Session Worksheet

Patient Information

Name:

Date of Birth:

Contact Information:

Emergency Contact:

Reasons for Seeking Therapy

1. Primary Concerns

2. Motivation for Therapy

Emotional Exploration

1. Current Emotions

Life History and Significant Events

1. Personal History

2. Significant Life Events

Goal Setting

1. Short-Term Goals

2. Long-Term Goals

Self-Esteem and Self-Care

1. Self-Esteem Reflection

2. Self-Care Practices

Engagement and Communication Preferences

1. Preferred Communication Style

2. Comfort with Eye Contact

Assessment Tools

1. Anxiety Level (scale 1-10)

2. Thoughts of Suicide (if applicable)

Homework/Reflection (optional)

1. Reflection on Today's Session

2. Homework Assignment

Next Steps and Follow-Up

1. Next Session Date

2. Additional Resources/Ideas

Patient's Signature:

Date: