

First Therapy Session Worksheet

Patient information	
Name:	Date of birth:
Contact (phone):	
Contact (email):	
Emergency contact:	
Reasons for seeking therapy	
What is your primary concern?	
What is your motivation for seeking therapy? What do you expect from the therapeutic process?	
Have you had therapy before? If yes, please share what worked well and what didn't.	

Emotional exploration

How are you currently feeling?

How long have you been feeling this way? (If applicable)

General mental health overview:

On a scale of 1 to 10, how would you rate your overall mental health? (1 = no issues at all, 10 = the worst you've ever felt).

1

2

3

4

5

6

7

8

9

10

Additional notes:

Goal setting**Short-term goals:****Long-term goals:****Homework and next steps****Initial assignment:**

If applicable, write a brief journal entry on one main issue discussed today.

Next session date:**Therapist information**

Name:

Contact (phone):

Contact (email):