


earthwalk counseling
Client Status Report

Name: _____ **Therapist:** _____ **Date:** _____

Current Emotional Status: Content Anxious Sad Excited Happy
(check all that apply) Depressed Scared Angry Overwhelmed
 Guarded Other: _____

Since your last appointment identify your status in meeting your therapeutic goals:
 progressing maintained regressing achieved unsure
 need to identify new therapeutic goals other: _____

Have there been any significant changes in your life since your last appointment?: y N
If yes explain: _____
(briefly, i.e.... new job, new residence, relationship break up, relapse, hospitalizations, etc.)

Do you have any medication changes?: y N N/A
If yes, report: _____

Has your insurance information changed?: Y N N/A
If yes, report: _____

What would you like to address in your session today? (briefly describe)

Special Requests: beverage (tea, coffee, water, soda)
 referral sources (PCP, Nutritionist, EMDR Therapist, Psychiatrist, Psychologist, Yoga Instructor, Play Therapist, support groups, 12 step programs, etc...)
 aftercare therapeutic assignment/exercise
 educational literature (anxiety, depression, co-dependency, addiction, boundaries, parenting, self-injury, relationships, etc...)

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS REPORT. YOUR THERAPIST WILL BE WITH YOU SHORTLY. ☺