



CLIENT SELF ASSESSMENT FORM

The purpose of this form is to provide a baseline from where you are at the beginning of our work together, and how symptoms change over the course of our work together.

Name _____ Date _____

Please list the physical challenges you are experiencing right now, and on a scale from 1 to 10, 10 being most severe, rate the discomfort level for each challenge you name:

Example: Headache: 5, knee pain: 3, etc.

Please list the emotional challenges you are experiencing right now, and on a scale from 1 to 10, 10 being most severe, rate the discomfort level for each challenge you name:

Example: Sadness: 5, anxiety: 3, etc.

Please list the relational challenges you are experiencing right now, and on a scale from 1 to 10, 10 being most severe, rate the discomfort level for each challenge you name:

Example: Difficult family dynamics: 5, Conflict with friend: 4, etc.

Please list the spiritual challenges you are experiencing right now, and on a scale from 1 to 10, 10 being most severe, rate the discomfort level for each challenge you name:

Example: State of the world affecting me: 6, inner conflict: 3, etc.

Thank you for taking the time to reflect on these questions, and for sharing your truth.

~Angela