

THERAPY GOALS AND RESOURCES – FIRST SESSION

(note that all information provided is confidential)

NAME: _____

FILE NUMBER: (to be completed by therapist)

DATE: _____

My **primary goal for therapy** is:

If I meet my therapy goal(s) – this is how I think my life will be different:

The following **strategies** have already been helpful in addressing my presenting concerns:

The following **people** are sources of support for me:

SIGNATURE: _____ DATE: _____

THERAPY GOALS AND RESOURCES FORM - EMERGENCE Counselling and Therapy/Daniel Blomme, R.P.

All information provided is confidential in compliance with Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A