



Therapy Goals

Patient Name:

Date of Birth:

Today's Date:

GOALS ARE VERY IMPORTANT IN THERAPY!

Goals provide the client and the therapist with a focus and a direction for therapy sessions. Please briefly list the goals that you want to address and reach in counseling.

For adults and/or minors (adult guardians would answer for minors):

- 1.
- 2.
- 3.

What qualities have helped you to succeed at overcoming difficulties or reaching goals in the past?

- 1.
- 2.
- 3.

Please tell us about your plans for the future (educational, career, personal, etc.)

- 1.
- 2.
- 3.

What concerns do you have about therapy or working on these problems/areas of growth?

- 1.
- 2.
- 3.

Please tell us about any other mental health professionals you have consulted with in the past (approximate dates, type of professional seen, reason for the consultation, nature of the treatment, outcome of the treatment).

- 1.
- 2.
- 3.

What went well or would you have liked to have been different when working with previous mental health professionals?

- 1.
- 2.
- 3.



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Psychotherapy Appointment Policy

I understand that I have reserved a regular psychotherapy time for a particular day, time and frequency, and agree that if I am unable to come in for my regularly scheduled appointment, I will provide as much notice as possible, with a minimum 24-hour notice.

I understand that psychotherapy appointments missed without notice, will be assigned a \$100 charge. I understand that missed appointments cannot be filed with my insurance, and that I will be solely responsible for these charges.

I understand that multiple missed appointment and/or failure to cover balances in a timely manner may result in the closing of my therapy chart.

Patient Name

Name of Responsible Party (if not the patient)

Signature of Responsible Party/Patient

*Digital Signature

Signature of SPA staff/witness

Date