

Inter-Session History

Date of today's session: _____

Date of last session: _____

Overall since my last visit I am (circle): Better No change Worse

Describe insights or understandings gained from last session: _____

Describe reactions from last session _____

Describe any emotional or physical traumas or disturbances since last session:

Problem list to discuss in today's session (1 being worst)

- | | |
|----|----|
| 1. | 3. |
| 2. | 4. |

Other medical care since last session: _____

Physical changes since last session: _____

Medication changes since last session: _____

Circle those exercises that were part of your regimen this week:

Run	Walk	Stretch	Swim	Sports	Weights
	Water Exercise	Dance	Aerobics	Calisthenics	

My family life is (circle): Bad All right Good

My word life is (circle): Bad All right Good

Notes from today's session: _____

