Form: HIFT

Reset Form | Print Form

Solutions For Life, Inc.

Counseling, Life Coaching, and Consulting

Helping you discover Solutions for your life one session at a time.

How are you feeling today?

Patient Name	Today's Date

Make a check mark if any of these statements are true:

- ☐ I have had thoughts of harming myself or someone else.
- ☐ My thoughts of harming myself or someone else are frequent.
- ☐ I am sometimes afraid I cannot control my thoughts of hurting myself or someone else.
- ☐ I have a plan and/or attempted to harm myself or someone else.

Since your last session, has there been a change in any of the following? (please check all that apply)

☐ Sleep	Circle:	Sleeping More		Sleeping Less
☐ Eating	Circle:	Eating More		Eating Less
☐ Alcohol / Drug use	Circle:	Using More		Using Less
☐ Racing thoughts/hallucinations	Circle:	More	Less	None

Briefly describe a good thing that you experienced, or that you did since your last session.

_____

_____

_____

☐ I did not experience anything good. OR I can't think of anything.

How are you feeling today? *(you can refer to the feeling faces if you'd like)*

_____

Is there something you want your therapist to discuss with you today? (please be brief)

_____

_____

_____

_____ _____

Patient Signature Today's Date