



# Therapy Session Check in

## Session Check In Form

**DR RICHARD C  
HANZY, LMFT**

Owner

**MYFAITH  
COMMUNITY &  
COUNSELING  
SERVICES**

2926 Lone Tree Way  
Antioch, Ca 94509

Houma, LA

**P:** 925-481-9710

**F:** 925-470-3963

**E:** drhanzy@  
myfaiths.org

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

### General Well-Being:

- How are you feeling overall today on a scale from 1 (very poor) to 10 (excellent) and why? [\_\_\_\_\_]
- Rate your anxiety and down mood symptoms from 1 (very poor) to 10 (excellent) and what symptoms are more present? [\_\_\_\_\_]
- Any thoughts of hurting yourself or others since our last session? [\_\_\_\_\_]
- Have there been any significant traumatic events or changes in your life since our last session? [\_\_\_\_\_]

### Progress Towards Goals:

- Which goals have you been focusing on since our last session? [\_\_\_\_\_]
- How would you rate your progress on these goals on a scale from 1 (no progress) to 10 (significant progress)? [\_\_\_\_\_]
- What obstacles or challenges have you encountered? [\_\_\_\_\_]
- What successes or positive steps forward have you experienced? [\_\_\_\_\_]

### Homework/Workbook Check-In:

- Did you complete the assigned homework or workbook exercises? [Yes/No] If not, what got in the way of completing them? [\_\_\_\_\_]
- If completed, what insights or reflections did you gain from the homework? [\_\_\_\_\_]
- Are there any questions or areas of confusion you would like to discuss? [\_\_\_\_\_]

### Questions or Concerns for This Session:

- Are there specific topics or issues you would like to address today? [\_\_\_\_\_]
- Is there anything you feel would help make today's session more productive? [\_\_\_\_\_]



Contra Costa Mental  
Health Access Line  
1-888-678-7277

24-Hour Crisis Lines  
800-273-TALK



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Personal Notes (optional):

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Any additional thoughts, feelings, or ideas you would like to share before we begin?

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