

# 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_