



DENVER WELLNESS COUNSELING

CLIENT WORKBOOK | Current Symptoms

Please answer the following questions regarding the symptoms that brought you into therapy or that you'd like to see shift/change.

1. Are there any behaviors that you would like to see yourself doing MORE of?
2. Are there behaviors you would like to see yourself change or reduce?
3. Are there emotions you would like to have better access to?
4. Are there emotions you would like to manage better, tolerate, or reduce their severity?
5. Are there body/somatic experiences that you feel may be linked to mental health?
6. What are some thoughts or beliefs about yourself that you want to change, reduce, or eliminate?