



Kristi DuCote, MA, LPC, LCDC
Client Status Report

Name: _____ **Therapist:** _____ **Date:** _____

Current Emotional Status: ☐ Content ☐ Anxious ☐ Sad ☐ Excited ☐ Happy
(check all that apply) ☐ Depressed ☐ Scared ☐ Angry ☐ Overwhelmed
☐ Guarded Other: _____

Since your last appointment identify your status in meeting your therapeutic goals:

☐ progressing ☐ maintained ☐ regressing ☐ achieved ☐ unsure
☐ need to identify new therapeutic goals other: _____

Have there been any significant changes in your life since your last appointment?: ☐ y ☐ N

If yes explain: _____

(briefly, i.e.... new job, new residence, relationship break up, relapse, hospitalizations, etc.)

Do you have any medication changes?: ☐ y ☐ N ☐ N/A

If yes, report: _____

Has your insurance information changed?: ☐ Y ☐ N ☐ N/A

If yes, report: _____

What would you like to address in your session today? (briefly describe)

Special Requests: ☐ beverage (tea, coffee, water, soda)

☐ referral sources (PCP, Nutritionist, EMDR Therapist, Psychiatrist, Psychologist, Yoga instructor, Play
Therapist, support groups, 12 step programs, etc...)

☐ aftercare therapeutic assignment/exercise

☐ educational literature (anxiety, depression, co-dependency, addiction, boundaries, parenting,
self-injury, relationships, etc...)

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS REPORT. YOUR THERAPIST WILL BE WITH
YOU SHORTLY. ☺