



Marked Changes Training

Your reason(s) for seeing me?

Patient Name:	
Date:	

Giving some thought to the following questions in advance of your appointment with me will greatly increase what we will be able to achieve in our time together. Your answers can be as short or as long as you like.

What is the problem?
When did the problem start?
How does it affect you? How do you know that you have the problem?
What do you want? (Not what do you NOT want?)
What have you tried already?
How will you know when you have what you want? What will that be like? What will being without the problem do for you?
What concerns or fears do you have about how things will be when you no longer have the problem?
How prepared are you to commit and take full responsibility for achieving the outcome that you want?