Professional Counseling Services

PSYCHO • HYPNO THERAPY

Name: Page #

Date:	*Please list in this column your* PRESENT STATE. *List all the specifics about how you are feeling, what your state of health is, what you think or feel is your problem, and what's your emotional and mental state right now*	Date:	*Please list in this column all the* **CHANGES YOU PERCEIVED** *happened as a result of the previous session. Make sure to list even the things you think are irrelevant or unimportant. Include your state of health, of mind and emotional.*