Therapy review

A check on how it is going, for both of us.

Name _____ Date _____

What I came for, and my goals at the start

Overall, how are things compared with when I started?

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

Much worse — Much better

What has changed, even slightly

What has been most helpful so far

What has been less helpful, or what I would like to be different

How comfortable do I feel saying what I really think in sessions?

0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

Not at all — Completely

Anything I have been holding back

What I want to focus on next

Any changes to how often we meet, or how we work

© 2026 Patrick O'Hare Therapy · patrickoharetherapy.com

This handout supports your therapy. It does not replace professional advice.