

Clinician ID (4-digits) _____	Check One when retaining on file: <input type="checkbox"/> Completed in session <input type="checkbox"/> Practice assignment, reviewed in session <input type="checkbox"/> Practice assignment, not reviewed	Who wrote on this worksheet?
Participant ID (3-digits) _____		<input type="checkbox"/> Clinician
Session # _____		<input type="checkbox"/> Participant
Date of Session _____		<input type="checkbox"/> Clinician and participant together

Case Formulation

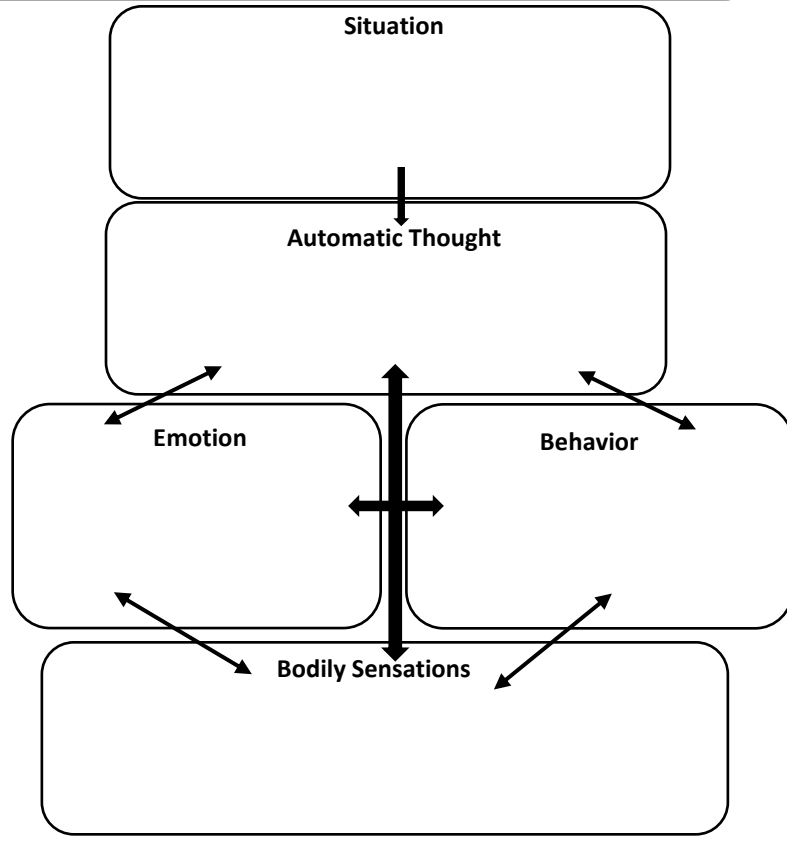
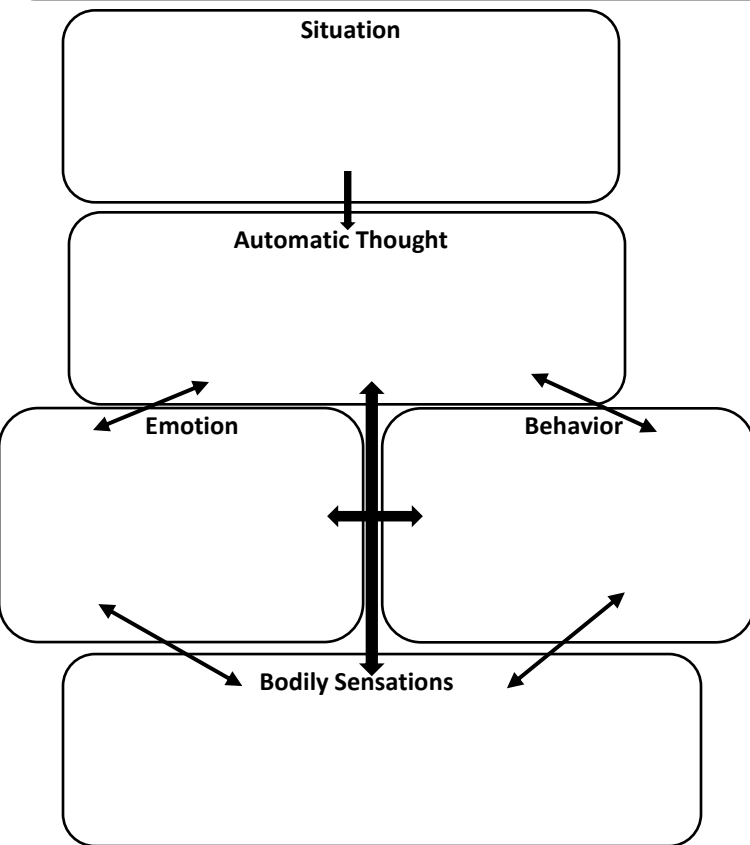
Precipitating Events/Triggers

Early Experiences

Core Beliefs

Old Rules for Living (If, Then,...)

Presenting Problems/Effects of These old Rules Are these rules working for you?



Protective Factors