

Lianna Bohné' CCH (631) 946-1602  
Soulgoddessllc.com  
New Client BASIC ASSESSMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Situation or Problem to be Assessed:**

---

---

**Behavior:** (What am I currently doing regarding the situation?)

---

---

**Affect:** (What are my emotions related to my behavior?)

---

---

---

**Sensations:** (Physical symptoms related to my behavior?)

---

---

**Imagery:** (How do I image myself related to my behavior?)

---

---

---

**Cognition:** (What are my thoughts related to my behavior?)

---

---

---