

Documentation of Testing Scores

Instructions

Collect data from the next five consecutive patients you treat for this part of your certification, regardless of how well you feel the therapy is going. You will receive credit for testing regardless of scores you obtain. Use a separate form for each patient. *Do please complete both sides of this form for each patient. Do not send actual client testing forms with this summary form.*

Federal law requires you to maintain strict confidentiality of your patient data. Therefore, we ask that you adhere to the following instructions to enable tracking of T.E.A.M. scores without disclosing your patients' personal identifying information.

1. Do not send your patient's name or any other personal identifying information about your patient, other than the general information requested on this form.
2. Store a separate paper, for your records, indicating the name each patient (Patient #1 through Patient #5) you are tracking for T.E.A.M. certification. Do not send this identifying information to us.

General Information

Patient # <i>(circle one)</i>	Patient gender <i>(circle one)</i>	Patient age <i>(check one)</i>	Presenting problem(s)* <i>(check as many as apply)</i>
1 2 3 4 5	Male Female	< 18	Anxiety
		18 to 23	Depression
		24 to 30	Habit
		31 to 39	Addiction
		40 to 50	Relationship
		> 50	Grief or loss

**The problem(s) your patient is asking you for help with*

Rating of Therapy Session Scores

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10
Testing										
Empathy										
Agenda Setting										
Methods										

If this patient stopped therapy after fewer than 10 sessions, please record the patients' general recovery status below *(check one)*.

- Finished therapy in less than 10 sessions, due to symptom relief or resolution of the problem(s).
- Stopped therapy prior to session 10 for some other reason, even though relief of symptoms or problem(s) had not yet been achieved.

