Holistic Profile
Written review to be completed by client

1. What do you want to gain from residency in the program?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. What are your short-term goals?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. What are your long-term goals?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

What would you say are your strengths?

1. __________________________________________________________________________

2. __________________________________________________________________________

3. __________________________________________________________________________

4. __________________________________________________________________________

What support system(s) do you currently have in place?

1. __________________________________________________________________________

2. __________________________________________________________________________

3. __________________________________________________________________________

4. __________________________________________________________________________

What are your goals for the future(education, career, self-care, family, etc.)?
What services and supports do you need to accomplish these goals?
  1.
  2.
  3.
  4.

Follow up plan—Explain what needs to happen next to make achievable goal, meet needs, or to refer client out for services (i.e. Who will do what tasks? What is the time frame? How will celebrate accomplished goals?)

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

________________________________                       _________________
Client Signature                                      Date

________________________________
Staff Signature                                 Date