Holistic Profile Written review to be completed by client

| 1. | What do you want to gain from residency in the program? What are your short-term goals? | | |
|-------|--|--|--|
| 2. | | | |
| | | | |
| 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? | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| What | are your goals for the future(education, career, self-care, family, etc.)? | | |

| 1. | | | |
|---|--|------|--|
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 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 | |