

Setting Boundaries With Friends Worksheet

Patient Information:

| Information | Details |
|---------------------|---------|
| Full Name | |
| Date of Birth | |
| Patient ID | |
| Contact Information | |
| Therapist/Counselor | |
| Date | |

Medical History:

| Information | Details |
|--------------------------------|---------|
| Current Medications | |
| Previous Therapy/Interventions | |
| Relevant Medical Diagnoses | |
| Family History (Mental Health) | |
| Past Incidents with Friends | |
| Social Support System | |

Questions:

| Question | Response |
|--|----------|
| Describe your current close friendships. | |
| Instances where boundaries were crossed? | |
| Current boundaries in place? | |
| Communication of boundaries? | |
| Feelings about boundaries respected vs. violated? | |
| Friends with whom setting boundaries is difficult? | |
| Recall a situation where a friend set a boundary with you. | |