Socractic Questioning Worksheet

Patient Information

Name:	
Date:	
Session Number:	
Therapist:	

Initial Thoughts	
Socratic Questions	
Question 1:	
Patient's Response:	
Question 2:	
Patient's Response:	
Question 3:	
Patient's Response:	
Question 4:	
Patient's Response:	
Question 5:	

Patient's Response:	
Findings	
Beliefs Challenged:	

New Insights:	
Interpretation	