

Values Exploration Worksheet

Patient Information

Full Name:	
Date of Birth:	
Gender:	
Contact Information:	
Preferred Pronouns:	

Medical History

Current Medications:	
Previous Psychological Consultations (if any):	
Known Allergies:	
Previous Diagnoses (if any):	
Current Symptoms/Concerns:	

Questions

1. List five values you believe are essential in life.

2. Describe a moment when you felt most proud of yourself. What values were you upholding?

