

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.	