

Strengths Assessment Form
Medical College of Georgia
“Putting Patient/Family Centered Care and Recovery into Practice”

Name: _____ Date: _____

Welcome to our clinic.

**This form can help you take an active role in your care with us.
Please take a few minutes to fill it out and give it to your doctor or therapist as
a part of your visit today.**

Tell us what you believe are your strengths:

Because your strengths can play such an important role in your success working with us, we want to know what you do well. Please answer the questions below.

1. What about you makes you strong and has helped you through difficult times?
(e.g., positive attitudes, personal traits such as patience/sense of humor/ strong
work ethic, or spiritual faith, etc.) _____

2. What special skills do you have? _____

3. What do you do for fun? _____

4. Which people in your life have been helpful to you? _____

5. Who helps you keep physically healthy? _____

6. What’s good about the home and neighborhood you live in? _____

7. What gives your life purpose and meaning? _____
