

Answers to the questions below will help us address your concerns more effectively.

1. What are the issues for which you currently are seeking help and when did they begin?

2. Give a brief account of the history and development of the problem(s) from the beginning to the present time.

3. On the scale below please estimate the severity of your problem(s)?

Mildly Upsetting	Moderately Severe	Very Severe	Extremely Severe	Totally Incapacitating
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4. Whom have you have previously consulted about your present problem(s)?

5. List your five main fears:

- 1.
- 2.
- 3.
- 4.
- 5.

6. Circle any of the following phrases that apply to you:

Headaches Dizziness Fainting spells Palpitations Fatigue Stomach trouble No appetite
Bowel disturbances Insomnia Nightmares Take sedatives Depressed Take drugs
Unable to relax Suicidal ideas Over-ambitious Memory problems Financial problems
Don't like weekends or vacations Can't make friends Unable to have a good time
Concentration difficulties Other _____

7. Have you ever thought of or attempted suicide? If so, when? What was the situation? Have you been thinking of suicide lately? For how long?

8. Have you ever thought of or attempted to hurt another person? Y N
If so, who and when?
What was (is) the situation?

9. What substances do you use on a regular basis?

Alcohol _____ How much? _____ How often? _____

Marijuana _____ How much? _____ How often? _____

Cocaine _____ How much? _____ How often? _____

Amphetamines _____ How much? _____ How often? _____

Caffeine _____ How much? _____ How often? _____

Cigarettes _____ How much? _____ How often? _____

10. Have you ever had issues with substance abuse, had treatment, or been arrested because of it? If yes, please describe and provide dates.

11. Circle any of the following words which apply to you now:

worthless useless a "nobody" life is empty successful intelligent stupid sinful naive
incompetent guilty motivated can't do anything right evil hostile anxious suspicious
morally wrong have horrible thoughts ugly full of hate agitated jealous cowardly
unassertive panicky aggressive insecure deformed lonely unattractive depressed angry
unloved repulsive misunderstood bored restless confused lack confidence conflicted full of
regrets worthwhile sympathetic attractive confident worried considerate impatient calm
moody happy elated

12. Please describe past or current medical issues, disabilities, allergies.

13. Please list medications, dosage and how long you've been taking them.

14. Who is your regular physician? _____
When was your last physical exam? _____

15. What other information would help me better understand your concerns at this time?

16. How do you think counseling can help you? What would you like to get from it?

17. Do you have any fears about counseling or negative memories of prior counseling experiences?