

Name: \_\_\_\_\_ Today's Date:     /     / \_\_\_\_\_

Date of Birth:     /     /     \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Home: \_\_\_\_\_ Is it ok to leave a message at this number? \_\_\_\_\_

Work: \_\_\_\_\_ Is it ok to leave a message at this number? \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Have you received counseling, psychological, or psychiatric services in the past? If yes, where and for what reason?**

\_\_\_\_\_  
\_\_\_\_\_

**At times, people have reluctance or hesitation in seeking professional help. Please mark the degree of hesitation/reluctance you feel.**

None    Some    A lot

**Please check the issues, which prompted you to come into counseling today?**

- Relationship/Family problems                       Thoughts of harming self or other
- Health Issues     Alcohol or drug abuse
- Stress     Questions/concerns about alcohol/drug related problems
- Anxiety    Grief/Death and /or Loss
- Crisis     Traumatic events (emotional, physical, sexual)
- Depression    Anger
- Eating Problems/Body Image                       Work/Academic Problems

**Other issues you would like to specify:** \_\_\_\_\_

**Please list any prescription drugs currently taken:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_