

Briefly describe your reasons for seeking help: _____

Have you ever received psychological help or counseling before? ___Yes ___No

If yes, where and when? _____

Have you ever attempted suicide? ___Yes ___No If yes, when _____

Do you presently have suicidal thoughts? ___Yes ___No

Please **CIRCLE** any of the following problems that may pertain to you:

Nervousness	Depression	Fears	Rape Trauma
Shyness	Sexual Orientation	Suicidal Thoughts	Weight Gain
Hearing Voices	Divorce	Finances	Anxiety
Drug Problem	Alcohol Problem	Sexual Abuse/Molestation	Sense of Failure
Anger	Self Control	Weight Loss	Grief
Abuse as Child	Battering	Unhappiness	Fatigue
Sexual Problems	Stress	Work	Increased Appetite
Sleep Impairment	Headaches	Tiredness	Decreased Appetite
Relaxation	Impaired Memory	Making Decisions	Ambition
Legal Matters	Insomnia	Assertive Skills	Marriage
Mood Swings	Inferiority Feelings	Concentration	Nightmares
Loneliness	Career Choices	Health Problems	Temper
Education	Parenting Skills	Stomach Problems	Aging Parents
Children	Social Isolation	Uncontrollable Thoughts	Death of Loved One
Bowel Troubles	Relationships	Panic Attacks	Loss Experience