



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Sexual orientation \_\_\_\_\_

Marital Status: Married   Single   Partnered   Divorced   Widowed

1. Please Describe what has led you to counseling/Anger management?
  
2. Is this your first-time seeking treatment for this concern?
  
3. What would you like to gain from counseling? How would things be different for you if this was resolved?
  
4. How have you been coping with current concern?
  
5. Do you have a support system? Yes or No
  
6. Have you used psychotherapy to resolve problems in the past?
  
7. Are you seeking individual or group anger management?
  
8. Are you seeking individual or couple/family therapy?
  
9. I understand that I must cancel appointments 24 hours in advanced or my session fee will need to be paid prior to next appointment. (Circle Agree) AGREE