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CURRENT PROBLEM/ISSUES - Please provide description of current problems and issues to be addressed:

HEALTH CHECKLIST - Check all that apply to each family member and yourself

	YOU	PARTNER	CHILD/CHILDREN	BRIEFLY EXPLAIN
ANXIETY:				
DEPRESSION:				
DRINKING:				
SUBSTANCE ABUSE:				
ANGER:				
WORKAHOLISM:				
FOOD ADDICTION:				
SPENDING/GAMBLING:				
SEX ADDICTION:				
PHYSICAL HEALTH:				

ADDITIONAL INFORMATION

Please describe what you see to be the problems and any other issues you would like to address. What outcome you would like to have from the counseling sessions?