Brianna Marks, LCSW
Berlin, Connecticut 06037
Phone: (860)-255-4638
Website: chapterone-counseling.com
E: chapteronecounseling@gmail.com

Therapy Self-Referral - Adult

Please, complete and return to start the scheduling process. Thank you!

Name:_____ **Date of Birth**_____

Address:_____

Phone number:_____

Email address: _____

Preferred contact method (call/text/email):_____

Reason for seeking therapy now (briefly describe current issues):

Please check current areas of concern:

- ☐ **Emotional changes**
- ☐ **Sleep Issues**
- ☐ **Work, school**
- ☐ **Eating/appetite**
- ☐ **Social, friendships, co-workers, dating**
- ☐ **Family**
- ☐ **Parenting**
- ☐ **Substance use**
- ☐ **Controlling anger or impulses**
- ☐ **Stress**
- ☐ **Medical condition**
- ☐ **Legal problems**
- ☐ **Financial, money, housing**

Preference for therapy (Virtual, In Person, Both?): _____

How did you hear about us? _____

Today's Date:_____