LIGHTHOUSE COUNSELING SERVICES

"BRINGING HOPE AND DIRECTION DURING STORMY TIMES"

Please list everyone in your family:

Name_______________________________________Age_____________________

Name_______________________________________Age_____________________

Name_______________________________________Age_____________________

Name_______________________________________Age_____________________

Name_______________________________________Age_____________________

Name_______________________________________Age_____________________

What problems are you experiencing? (Please Circle)

ANXIETY, DEPRESSION, MEMORY PROBLEMS, ABUSE, SUICIDAL THOUGHTS, VIOLENT THOUGHTS, SLEEP PROBLEMS, EATING PROBLEMS, HOPELESSNESS, FATIGUE, GUILT, SHAME, ANGER, FOCUSING PROBLEMS, FEARS, NIGHTMARES, DRUG PROBLEMS, SEXUAL PROBLEMS, WORK PROBLEMS, RELATIONAL PROBLEMS, PARENTING PROBLEMS.

OTHER:____

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LIST ANY SIGNIFICANT MEDICAL HISTORY OF YOURSELF AND YOUR FAMILY:

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CURRENT MEDICATIONS:

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WHAT DO YOU HOPE TO GET FROM THERAPY?

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LIGHTHOUSE COUNSELING SERVICES

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TEMECULA, CA. 92590

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