

YOUR PRESENT SITUATION

Why are you seeking counseling? _____

Is this a reoccurring issue: Yes No If yes, please explain: _____

How long has this been an issue this time? _____

Has there been a significant event? Yes No If yes, explain: _____

1 (little emotional distress) to 10 (extreme emotional distress)

Use the scale to rate your distress about the situation: 1 2 3 4 5 6 7 8 9 10

What do you want to see happen as a result of counseling? _____

YOUR HEALTH

What is the condition of your health? Excellent Good Fair Poor/Failing

List any important health issues or injuries _____

NAME OF PRESCRIPTION	DOSAGE	TAKEN HOW OFTEN?

Have you ever been diagnosed with a learning disability or mental illness? Yes No What? _____

Any history of substance abuse? Yes No Explain: _____

Have ever seen a mental health professional (psychiatrist, psychologist, counselor)? Yes No

If yes, From: _____ to _____ Reason: _____

What was the outcome? Issue Resolved Issue partially resolved Issue unresolved Stopped attending

SPIRITUAL WALK

How often do you attend Worship? Frequently Occasionally Seldom Never
 How often do you pray? Frequently Occasionally Seldom Never
 How often do you engage in personal Bible study? Frequently Occasionally Seldom Never
 In the event of your death, do you know where you would spend eternity? Yes No Not sure

 Printed Name

 Signature

ANTIOCH COUNSELING SERVICES (ACS) ADULT PROBLEM CHECKLIST

Date: _____

Name: _____ Age: _____ Male Female

Please identify items that are very significant by indicating the severity of each item. (1-mild, 2-moderate, 3-severe)

- Memory problems
- Headaches
 - Drug use
 - cocaine or crack
 - marijuana
 - tranquilizers
 - sleeping pills
 - amphetamines
 - hallucinogens
 - Other _____
- People following me or out to hurt me
- Hearing voices
- People reading my thoughts
- Thoughts being put in my head
- Seeing things that are not there
- Difficulty making or keeping friends
- People talking about me
- Trouble keeping track of my thoughts
- Trouble keeping my mind on task
- Feeling up one minute and down the next
- Preoccupied with sexual thoughts and urges
- Pornography
- Often feeling restless and irritable
- Trouble making myself slow down
- Codependent
- Feeling the need to get more sleep
- Not being able to get enough sleep
- Feeling that I'm not good enough
- Gaining weight
- Losing weight
- Thinking about dying or killing myself
- Crying and feeling like crying a lot
- Feeling hopeless about the future
- Fear of crowds or public places
- Other fears
- Panic attacks
- Chest pain or discomfort
- Feeling like I'm going crazy
- Fears of dying
- Worrying about a catastrophe
- Feeling detached Alienated/isolated from others
- Feeling emotionally "numb"
- Recurring nightmares
- Don't like myself
- Feelings as though I want to run away/disappear
- Not speaking to family members or people close to me
- Not satisfied with where you are in life
- Going on eating binges
- Feeling helpless
- Problems in my marriage or relationship
 - communication
 - infidelity/cheating
 - lying/being lied to
 - sexual
 - conflict over parenting/raising children
 - spending/budgeting
 - long distance relationship
 - arguing more than usual
 - inappropriate use of internet, texts, phone
 - Other marital problems
- Living in abusive household/relationship
- Conflicts with co-workers
- Conflicts with my boss
- Lack of success on my job
- Being fired or laid off (how long ago)
- Losing someone close to me
- Other losses
- Problems with parent/s
- Hard to make my child(ren) obey
- Fearful others will not like me
- Losing my temper with my child(ren)
- Child has academic problems
- Prone to start habits that are not productive
- Often feeling sickly
- Changes in the way my body works
- Fear of having or getting a disease
- Feeling that I am seeing myself from a distance
- Wanting to live as a member of the opposite sex
- Becoming aroused by hurting others
- Had an abortion
- Rape survivor
- Sexual abuse survivor
- Always in a hurry/can't slow down
- Lonely/spend most of non-work time by myself
- Difficulty controlling my anger/temper
- Spending money on things when I shouldn't
- Having the urge to gamble frequently
- Stressed most of the time
- Known for procrastinating
- Feeling as though I've disappointed others
- Other problem(s) not listed _____