

*Counseling Services : Earnest Ford, MC, LPC : 890 W. Elliot Rd. Ste.101, Gilbert AZ 85233:
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Fax: 480-507-3317*

Name: _____

Date: _____

ADULT PRESENTING CONCERNS:

1. People come into counseling/therapy for many different reasons. Some examples are: seeking help for depression, anxiety, grief, anger, substance abuse, addiction behaviors, self-esteem, divorce, separation, family issues,, work related issues (mandatory referrals: NOTE: if this is a mandatory referral from your work, what is the reason for the referral i.e. workplace violence, anger, failed drug test, also, are there any other agencies involved in your situation at present i.e. law enforcement, protective services, probation, parole.? Concerns related to trauma,PTSD, stress reduction, parenting, change of life, relationship issues. Please answer the following question: _"I am coming to counseling/therapy because

I want help with....." _____

2. How long have these issues (the above issues)been a concern? **DATING HOW FAR BACK (TO THE BEST OF YOUR MEMORY)x**

How often are these an issue for you ?
x

3. How do these concerns affect your daily living? Has there been any thoughts of hurting yourself or others (please explain)x

How have they impacted your family/significant others?x

4. What has been done so far to address these concerns? (previous counseling? Medication? Talking to others ?hospitalizations?)

X
What seems to help? (when you're having a bad day)

x
What makes things worse? (when you're having a bad day)x

5. How will you know if things are better?/improving? (What do you hope to get out of counseling ? How will you know when things are changing for the better in your life?)_ANSWERE this question: "Things will be better for me when"x

6. What types of resources or supports do you have available to help you address these concerns? (family, friends, church, clubs, organizations) x

THIS SECTION TO BE COMPLETED BY THERAPIST:

CLINICAL FORMULATION & DIAGNOSIS:

IDENTIFIED/AGREED UPON GOAL FOR THERAPY (to be completed by therapist & client during registration)
