

3. State the nature of the problem in your own words;

What is your most difficult relationship right now?

What is your most difficult emotion right now?

4. CRISIS INFORMATION:

Do you have any current suicidal thoughts feelings or actions? yes no

If yes please explain:

Do you have any past problems with hospitalizations, or jailing for suicidal or assaultive behavior?

yes no - If yes please explain:

Do you experience any current threats of significant loss or harm (illness, divorce, custody, job loss etc.)?

yes no - If yes please explain:

Are you presently on probation, or parole? yes no. If yes please explain:

Name of Parole/ Probation Officer: _____

Phone: _____

5. MEDICAL INFORMATION:

Family Doctor: _____ Phone: _____

Are you presently taking any medications? If yes, please list below:

MEDICATIONS: _____

Any problems with: ___eating ___sleeping ___chronic pain ___recent weight changes.

Describe any answers checked above:

Any other medical problems: _____

Have you or a family member ever been hospitalized for mental or emotional illness?

___yes ___no - If yes, please explain dates, places, reason:

6. COMMON PROBLEM CHECKLIST. FILL IN: 0 = none, 1 = mild, 2 = moderate, 3 = severe

- | | | |
|---------------------|-------------------|----------------------|
| ___marriage | ___divorce | ___premarital |
| ___work | ___weight control | ___alcohol |
| ___sexual issues | ___singleness | ___family |
| ___grief/loss | ___anxiety | ___depression |
| ___other addictions | ___mood swings | ___past hurts |
| ___children | ___intimacy | ___drugs |
| ___self-esteem | ___anger control | ___stress management |

If any others, please specify:

7. Who referred you to us? (Name, relationship, and phone number(s))

8. By signing this form, I agree to do ass assignments and homework. I am willing to risk making the changes suggested by staff. I will show up for scheduled appointments.

Signed this _____ day of _____ 200_____

Client Signature: _____

Harmony Ministries Director: _____