

New Day Counseling

2265 Livernois Rd., Ste. 701, Troy, MI 48083

(248) 649-8050

Welcome to New Day Counseling. In order to better serve you, we ask that you complete the following questions and checklist. If you have any questions or difficulties, your therapist will be able to assist you.

Name: _____ Age: _____ DOB: _____ Date: _____

CHECK ANY OF THE FOLLOWING THAT MAY BE OF CONCERN TO YOU:

- | | |
|---|---|
| <input type="checkbox"/> Coping and/or Adjusting | <input type="checkbox"/> Sleeping Problems |
| <input type="checkbox"/> Current Emotional State | <input type="checkbox"/> Sexual Concerns |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Past Trauma, Loss, Grief |
| <input type="checkbox"/> Fears/Phobias | <input type="checkbox"/> Trauma Related to Physical or Sexual Abuse, Rape or Incest |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Medical/Health Problems, Nutrition |
| <input type="checkbox"/> Spiritual Concerns | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> Relationship (family, couple, or other) | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Economic |
| <input type="checkbox"/> Divorce Adjustment | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Anger Management | Other: _____ |
| <input type="checkbox"/> Addictive Behaviors (drugs, alcohol, food, gambling, pornography, shopping...) | |

What is happening in your life that resulted in this appointment?

What areas of your life are being affected by the above?

Social Occupational Academic Physical Emotional Behavioral

Please check the word that best describes the severity of your problem:

Mild Moderate Severe Extremely Severe Totally Incapacitating

When did your problems begin? _____

What seems to worsen your problems? _____

What have you tried that has been helpful? _____

What would you like to see accomplished in therapy?

SERVICES DESIRED:

- | | |
|--|--|
| <input type="checkbox"/> Individual Counseling | <input type="checkbox"/> Group Therapy |
| <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Assessment and Referral |
| <input type="checkbox"/> Couple Counseling | <input type="checkbox"/> Other: _____ |

How did you hear about New Day Counseling (or from whom)? _____
