

PARAKALEIN COUNSELING AND CONSULTATION SERVICES, INC

251 New Karner Road, Albany, New York 12205 Fax/Ph 518-452-9919
2 Swamp Road, West Stockbridge, MA 01266 Fax/Ph 413-232-6144

Date _____ Therapist Name _____ Office Location _____

Section I- Client Information

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Social Security Number _____

Marital Status: (circle) Single Married Other

Gender: (circle) Male Female

Employer or School _____ (circle) Employed Full-Time Student Part-Time Student

Primary Care Physicians Name _____

Have you had previous counseling? _____ When _____ with whom _____

Has anyone in your family been seen by a counselor _____

Are you presently on medication? _____ If so, what medications? _____

Any alcohol abuse in family of origin or present family? _____

Do you ever think of committing suicide? _____

Do you presently have suicidal thoughts? _____

Contact person for emergencies name _____ Phone# _____

TARGET COMPLAINT: What is the primary concern that you would like to address in counseling?

How has this concern affected: (circle 1-not a all 5-very much)

Marriage / Partner	1	2	3	4	5
Family	1	2	3	4	5
Job / School Performance	1	2	3	4	5
Friendships	1	2	3	4	5
Finances.	1	2	3	4	5
Health	1	2	3	4	5
Anxiety Levels	1	2	3	4	5
Mood	1	2	3	4	5
Sexuality	1	2	3	4	5
Eating Habits	1	2	3	4	5
Steep	1	2	3	4	5