New Day Counseling

13957 Plumbrook Road, Sterling Heights, MI 48312 **(586) 612-3225**
(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:

___Coping and/or Adjusting
___Current Emotional State
___Depression
___Fears/Phobias
___Anxiety
___Anger/Self-Control
___Substance Abuse
___Relationship (family, couple, or other)
___Divorce Adjustment
___Suicidal Thoughts
___Addictive Behaviors (drugs, alcohol, food, gambling, pornography, shopping..)
___Sleeping Problems
___Sexual Concerns
___ Past Trauma, Loss, Grief
___Trauma Related to Physical or Sexual Abuse, Rape or Incest
___Health Problems, Nutrition
___Eating Disorder
___Vocational
___Education/Career
___Legal Matters
___Finances
Other: _____

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:

___Individual Counseling
___Family Counseling
___Couple Counseling
___Group Therapy
___Assessment and Referral
___Other: _____

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

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