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