



SUBJECT OF COUNSELING FORM

All information provided will be strictly confidential, as discussed in the Counseling Agreement.

Describe in your own words the difficulties or problems that bring you here at this time.

What is your greatest concern at this time? _____

When did these problems begin? _____

When are they worse? _____

When are they better? _____

What have you done about the problem so far? _____

What do you want us to do? What expectations do you have in coming here for counseling?



What do we need to know in order to better understand your situation? _____

Is there any other information not asked elsewhere that you feel we should know? _____
