

LIFE MANAGEMENT ASSOCIATES, INC

Welcome to our office. We would like you to briefly list the issues that brought you to counseling.

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

What specific changes would you like to have been made by the end of counseling?

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please indicate if you or any of your biological relatives struggle with any of the following problems:

Table with 4 columns: Problem, Yes, No, Relation (mo, fa, sis, bro, aunt, cousin, etc.) and 16 rows of various behavioral and mental health issues.

Are there questions you have for your therapist today?

- 1. \_\_\_\_\_
2. \_\_\_\_\_

Please give this form to your therapist.