

Psychological Services and Personal Counseling

- What have you done or tried to do to help yourself so far?

- What are your current goals for counseling/therapy? (ie what would be different in your life when counseling is finished? Please be as specific as possible.)

1. _____

2. _____

3. _____

- Please list any significant support people currently in your life: (Friends, relatives, teachers, etc.)

- Please list any relatives that have or had emotional difficulties or psychiatric illness, or substance abuse issues (alcohol, drugs)

<u>Relative</u>	<u>Difficulty (Please Describe)</u>
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- Please list any previous therapy or counseling experiences (include name of therapist and dates seen)

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- Are you having any legal problems? If so please describe. (Lawsuits, driving under the influence, probation, shoplifting, child custody, etc.)

- Please list any drugs, alcohol, or other substances you are now taking. Include the amount and frequency. (ie: 3 12 oz beers per night)

- **CURRENT Medications** you are now taking:

Name	Dosage/Frequency	Why Taking?	Who Prescribed?

- **PREVIOUS** or discontinued medications

Name	Dosage/Frequency	Why Taking?	Who Prescribed?

Please check mark ONLY those items that is of personal concern for you. If any of your concerns are not listed, please write them on the 'OTHER' space at the end.

*** Abuse Issues**

- Emotional abuse
- Physical abuse
- Sexual abuse

*** Control Issues**

- Alcohol (beer, wine, or liquor)
- Substances/drugs (MDMA, cocaine, meth)
- Eating Disorder
- Gambling
- Internet addiction (includes Online Games)
- Video Games
- Marijuana use

*** Emotional Concerns**

- Anger
- Anxiety
- Depression
- Guilt
- Isolation/withdrawal
- Mood swings
- Nervousness
- Self-control
- Stress
- Suicidal thoughts
- Worry

*** Social or Performance Concerns**

- Decision making or setting goals
- Difficulty concentrating
- Lack of assertiveness
- Lack of motivation

- Loneliness
- Memory problems
- Prejudice
- Public speaking/test anxiety
- Shyness or discomfort in social situations

*** Harassment Problems**

- Being stalked
- Racial/Ethnic
- Sexual Harassment
- Sexual orientation
- Sexual assault

*** Life Circumstances**

- Conflict with Foothill College
- Credit card debt
- Death, grief, loss, separation
- Financial matters
- Housing
- Illness of someone close
- Legal problem
- Life transitions (leaving home, relationship changes)
- Work

*** Personal Issues**

- Body image
- Concern about coming out
- Confusion about values morals, and/or beliefs
- Cultural conflict and/or adjustment
- Generation gap
- Loss of faith in my religion or religious uncertainty
- Self-esteem/ self confidence
- Sexual concerns

*** Relationship Issues**

- Family members (parents, siblings, grandparents, etc)
- Interracial dating
- Parenting concerns
- Partner/spouse
- Peer Relationships
- Relationship breakup or divorce
- Sex

Violence Issues

- Date rape
- Relationship violence
- Stranger rape

Academic Concerns

Career concerns

Sleep problems

OTHER: _____

Significant Losses (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Parental divorce/separation | <input type="checkbox"/> Death of sister/brother | <input type="checkbox"/> Death of child |
| <input type="checkbox"/> Parental remarriage | <input type="checkbox"/> Death of spouse | <input type="checkbox"/> Divorce/break up |
| <input type="checkbox"/> Death of parents | <input type="checkbox"/> Death of significant other | <input type="checkbox"/> Other: _____ |

