LAKES AREA COUNSELING

Patient Concerns

Name:_____Date:_____

Please answer the following questions as completely as possible. You can discuss any areas of concern more fully with your therapist. It is your choice whether or not to answer any questions, but you are encouraged to respond to most of the items in order to provide your therapist with maximum information.

1. What problem brings you to Lakes Area Counseling? When did it begin? How long has it lasted?

2. What other concerns about yourself do you have?

3. What steps have you taken to try to solve these problems?

4. What do you hope to accomplish through your contact with Lakes Area Counseling?

5. Discuss any history of chemical dependency:

6. Discuss any history of treatment for a psychological disorder:

7. Are you taking any prescription drugs? (If, yes, which ones?)

8. Discuss any significant medical issues: