

REASONS FOR SEEKING HELP

Name: _____

Date: _____

Please answer as many of the following questions as you can, listing your problem(s) and solution(s) in the order of importance to you. Bring the completed form to your first session with your therapist.

Why did you decide to schedule an appointment with us at this time for this problem?

Problem #1: _____

What have you tried in the past to change this problem?

What in your life do you want to be different as a result of coming to see us for this problem?

A. _____

B. _____

Is there a second problem you have identified?

Problem #2: _____

What have you tried in the past to change this problem?

What in your life do you want to be different as a result of coming to see us for this problem?

A. _____

B. _____

On a scale of 0 to 100, with 0 = very poorly and 100 = excellently:

How well do you think you are functioning at this time? _____

Ask a significant other person in your life how he/she thinks you are functioning at this time and report the response using 0 – 100 _____