Information to Help Me Help You

Name Date / /

Who referred you to Dr. Rosenak?

Briefly describe the most important problem you want to work on in counseling:

Describe your spirituality:

My religious affiliation is:

Previous counseling/therapy/hospitalization for emotional problems: When

Where: With Whom:

For what problem

On a scale of 1 to 5, how hopeful are you that therapy will help you resolve problems?

1 2 3 4 5

not hopeful only a little unsure somewhat hopeful very hopeful

Check any of the following which apply to you:

 1 My marriage needs help.

 2 I am having problems getting along with members of my family.

 3 A recent or current divorce is affecting my life.

 4 I have an outside relationship that is interfering with my marriage.

 5 My spouse has an outside relationship that is interfering with my marriage.

 6 I have been sexually abused.

 7 I am having sexual difficulties with my spouse.

 8 Premarital sexual activity is one of my counseling concerns.

 9 My husband/wife physically abuses me.

 10 There is/has been child abuse in my home.

 11 Child custody is a concern.

 12 My child has behavior problems.

 13 I believe I am depressed.

 14 I have poor self-esteem.

 15 I am awkward socially.

 16 I need more intimate friends.

 17 I am confused about what career to pursue.

 18 I have made an attempt in the past to take my life.

 19 I have been knocked unconscious on one or more occasions.

 20 I have problems with alcohol/drugs. (Circle which one.)

 21 At least one of my family members has misused alcohol or drugs.

 22 I have a problem with stress.

 23 I have problems with food.

 24 I have recently experienced a trauma such as rape, assault, or something else.

 25 I have irrational fears.

 26 I have emotionally-caused physical illnesses.

 27 I fear that my problems are very deep and relate to my personality.

 28 I hear voices and see things that aren't real.

 29 I have unusual sexual problems.

 30 I am very angry at a situation or person but I am expressing my anger indirectly.

 31 I can't seem to get over a recent loss I have experienced.

 32 I often have suicidal thoughts

 33 I am confused about my sexual identity

 34 My religion causes me to feel very guilty.

 35 I have a physical illness that affects my well-being:

 36 I want to enhance my athletic capabilities and/or performance level in:

 37 There are other important aspects to my problem, not listed above.

 38 I am on the following medications:

What do you hope your therapist can to do to help you?