

Active ambitious self-confident persistent nervous hardworking impatient impulsive moody often blue
excitable imaginative calm serious easy going shy good-natured introvert likable extrovert leader quiet
hard-boiled submissive lonely self-conscious sensitive other

Have you ever felt people were watching you? Yes___ No___

Do people's faces ever seem distorted? Yes___ No___

Do you ever have difficulty distinguishing faces? Yes___ No___

Do colors seem too bright? Yes___ No___

Are you sometimes unable to judge distance? Yes___ No___

Have you ever had hallucinations? Yes___ No___

Are you afraid of being in a car? Yes___ No___

Is your hearing exceptionally good? Yes___ No___

Do you have trouble sleeping? Yes___ No___

MARRIAGE & FAMILY INFORMATION:

Name of spouse: _____ phone: _____ Occupation: _____

Business phone: _____ spouses Age: _____ Years of education: _____ Religion: _____

Is your spouse willing to come in for counseling? yes no uncertain

Have you ever been separated? yes no if yes, when: _____

Has either of you ever filed for divorce? yes no when?: _____ who?: _____

Date of marriage: _____ Your ages when married: husband _____ wife _____

How long did you know your spouse before marriage? _____

Give brief information about any previous marriages _____

Please list all children, both husband and wife. If you need more space use the back of this paper.

CHILD'S NAME:	AGE:	MALE OR FEMALE:	PREVIOUS OR CURRENT MARRIAGE?

BASIC PROBLEM IDENTIFICATION

1. STATE FULLY THE PROBLEM THAT BRINGS YOU HERE:
2. WHAT HAVE YOU DONE ABOUT IT?
3. WHAT DO YOU EXPECT FROM THIS MEETING?
4. IS THERE ANY OTHER INFORMATION THAT YOU THINK WE SHOULD KNOW?