Jeffrey M. Brandler EdS CAS

Licensed Marriage and Family Therapist

Certified Addictions Specialist

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Please complete this questionnaire and return prior to our initial meeting.

Name_____ DOB_____

Address_____

Phone: H:_____ W:_____M_____

Who Referred you_____

Insurance Information:

Insurance Company_____

Insurance ID_____

Policy Holder's Name:_____

Present Issues

What's getting you to decide to come for counseling now:

How big do you see your issue right now—use a 10 point scale—10 huge, 1 small

When did this issue begin

Please describe any events that you believe brought on this issue or that keep it going:

How have you tried to resolve this ?

Have you been in therapy before or attended any self help group?

What was helpful about that experience?

Behaviors

Please circle any of these behaviors that you do:

Overeating

Smoking Cigarettes

Drinking/Drugging too much

Gambling

Too much or too little sex

Avoiding situations that most people don’t have problems in

Sad, crying, concentration problems, memory problems, no desire for fun

aggressive behavior

anger outbursts

list any other issues not listed here

Feel free to describe any of the circled issues

Stress

Circle any of the following that apply:

Death in the family

Miscarriage

Divorce

Trouble with the law

Financial trouble

Job/School problems

Serious illness

Serious operation

Abortion

Interpersonal problems

Abuse -Physical, Sexual, Emotional, Domestic Violence

Other

Feel free to describe any of the circled issues

Thank you for your help in completing this questionnaire. Send the questionnaire to me via email jeffbrandler@gmail.com