

*Front Range
Counseling & Mediation, PC*

List the top 3 goals you would like to achieve in therapy:

1. _____
2. _____
3. _____

How strongly do you want to resolve your issue?

- Very much Much Moderately A little

Check any of the following that apply to you:

- | | | |
|--|--|--|
| <input type="checkbox"/> headaches | <input type="checkbox"/> depressed mood | <input type="checkbox"/> can't concentrate |
| <input type="checkbox"/> can't make friends | <input type="checkbox"/> home conditions bad | <input type="checkbox"/> dizziness |
| <input type="checkbox"/> loss of interest | <input type="checkbox"/> can't make decisions | <input type="checkbox"/> shy with people |
| <input type="checkbox"/> financial problems | <input type="checkbox"/> fainting spells | <input type="checkbox"/> decreased appetite |
| <input type="checkbox"/> increased appetite | <input type="checkbox"/> feeling lonely | <input type="checkbox"/> can't keep job |
| <input type="checkbox"/> palpitations | <input type="checkbox"/> weight loss/gain | <input type="checkbox"/> low self-esteem |
| <input type="checkbox"/> don't like weekends | <input type="checkbox"/> trouble with law | <input type="checkbox"/> feel tense |
| <input type="checkbox"/> trouble sleeping | <input type="checkbox"/> nightmares | <input type="checkbox"/> compulsive spending |
| <input type="checkbox"/> unable to relax | <input type="checkbox"/> irritability | <input type="checkbox"/> flashbacks |
| <input type="checkbox"/> over ambitious | <input type="checkbox"/> emotionally abused | <input type="checkbox"/> feel panicky |
| <input type="checkbox"/> alcohol | <input type="checkbox"/> fatigue/loss energy | <input type="checkbox"/> trouble with children |
| <input type="checkbox"/> trouble with parents | <input type="checkbox"/> stomach trouble | <input type="checkbox"/> drugs |
| <input type="checkbox"/> thoughts about suicide | <input type="checkbox"/> compulsive eating | <input type="checkbox"/> physically abused |
| <input type="checkbox"/> bowel disturbance | <input type="checkbox"/> short temper | <input type="checkbox"/> trouble at school |
| <input type="checkbox"/> relationship difficulties | <input type="checkbox"/> sexual problems | <input type="checkbox"/> health problems |
| <input type="checkbox"/> feelings of guilt | <input type="checkbox"/> anger | <input type="checkbox"/> trouble with the law |
| <input type="checkbox"/> sexually abused | <input type="checkbox"/> allergies | <input type="checkbox"/> physically aggressive |
| <input type="checkbox"/> trouble at work | <input type="checkbox"/> problems with leisure | <input type="checkbox"/> chronic pain |
| <input type="checkbox"/> procrastination | <input type="checkbox"/> perfectionism | <input type="checkbox"/> feeling rejected |
| <input type="checkbox"/> take sedatives | <input type="checkbox"/> fears | <input type="checkbox"/> too little exercise |
| <input type="checkbox"/> less sexual interest | | |
| <input type="checkbox"/> other _____ | | |