

Date:

Name:

Address:

City:

Email:

Cell Phone:

Date of Birth:

Occupation:

Relationship Status:

Children:

How did you find me?

Below, X all the issues you would like to work on. Circle the most important ones:

- Anxiety and Stress
- Self Esteem
- Loneliness
- Fears or Phobias
- Ending a Relationship
- Problems with Weight
- Depression
- Marriage Problems
- Traumatic Memories
- Sexual Problems
- Inability to enjoy life- Lack of Passion
- Anger
- Grief and Loss
- Finding Meaning in Your Life

What keeps you awake at night?

Have you seen a therapist for any of these or other issues?                      When?

Are you feeling suicidal?      Have you ever attempted suicide?  
If so, when?

Do you have a history of substance abuse?

Are you taking any medications for physical or psychiatric conditions?

Are you spiritual or religious? Which religion or spiritual path?

What are your biggest concerns and worries?

What are your inspirations? What would you do if you knew you couldn't fail?

What are your interests: favorite movies, social media, heroes, icons, topics you enjoy following?

What are your strengths? What do others love about you?

Thank you!

{Please return to{ [susan@susanquinn.net](mailto:susan@susanquinn.net)}