

**Client's Name:**

**Date Completed:**

(Month) (Day) (Year)

**Please check ALL of the following symptoms or thoughts that apply to you AT THIS TIME or during the past six months:**

Depressed mood	Indecisiveness	Thoughts of self-hurting
Diminished interests or pleasure	Distracted from conversations / interactions	Attempted self-harm
Sleep disturbance	Excessive time spent on social media	Self-harm intent
Fatigue	Excessive time spent on gaming systems	Thoughts of hurting others
Change in appetite	Paranoia	Recurring distressing dreams
Hopelessness	Hearing voices / sounds others do not hear	Exposed to a significant traumatic event
Pleasure in few activities	Seeing things others do not see	Use of tobacco Amount / frequency:
Weight change	Smelling things others do not smell	
Agitation	Racing thoughts	
Excessive worry	Participation in risky or dangerous activities	
Irritability	Sexual promiscuity	Use of alcohol Amount / frequency:
Poor concentration	Gender concerns	
Tension	Critical of personal appearance and body image	
Socially withdrawn	Binge eating	
Anxiety in social settings	Excessive fasting	Use of other substances Please list substances and the amount / frequency:
Makes careless mistakes	Purging food	
Does not complete tasks	Intense fear of weight gain	
Difficulty organizing	Behaviors specially intended to change weight or appearance	
Forgetfulness	Impulsiveness	Other:
Confusion	Difficulty at school / work	
Disorientation		
Compulsive Checking / Counting		

**Please provide any additional information you believe is needed for the counseling process regarding any item you checked:**

**Have you been the victim of any of the following:**

Sexual abuse as a child or teen	No	Yes:		
Victim of sexual assault	No	Yes:		
Victim of physical abuse	No	Yes:		
Victim of verbal / psychological abuse	No	Yes:		
Witnessed the traumatic death or abuse of another person	No	Yes:		
Head injury needing medical treatment	No	Yes:		

**Covenant Counseling and Consulting understands that it is a big decision to enter counseling that can often feel overwhelming. We are happy to answer any questions regarding our clinicians, billing, and/or the counseling process to assist in the therapeutic process. We are grateful and excited to partner with you to assist you to accomplish your goals.**