



**PROBLEM DESCRIPTION**

PLEASE CHECK THE MOST SIGNIFICANT ONE(S):

CHILD ABUSE     FINANCIAL     HEALTH RELATED     WORK CONFLICT

DOMESTIC VIOLENCE     ELDER CARE     ALCOHOL     DRUGS

MARITAL     PARENTING/FAMILY     EMOTIONAL

LEGAL     DEPRESSION     STRESS/ANXIETY     LOST TIME/DAY

DREAMING

EATING PROBLEM

PRESENTING PROBLEM: (WHY IS CLIENT SEEKING ASSISTANCE TODAY?)

MAJOR SYMPTOMS:

ARE THERE ANY SPECIAL CONFIDENTIALITY CONCERNS?

Thank you.