

You Help Me & I Help You

Name: _____

DOB: _____

1. Why are you here? _____

2. Are you taking any medication? If so list them:

3. Have you been diagnosed with depression or anxiety? YES____ or NO_____

4. What are you wanting to accomplish from our sessions?

5. Do you want others to be involved in your process?

YES____, who? _____

NO_____.

6. What is/are your biggest fear(s), when it comes to receiving help?

