

**University of Louisiana at Lafayette  
Counseling & Testing Center  
Olivier Hall, Rm 212  
PO Box 44010  
Lafayette, LA 70504  
337-482-6480 (Office)  
337-482-1267 (Fax)**

- I. Please provide the details below if you have experienced any of these problems.
- II. On a separate sheet, please write your detailed, personal history in chronological order.
- III. Please provide the Name, Relationship, and Contact Number of your Emergency Contact Person \_\_\_\_\_
- IV. Please indicate who suggested you attend counseling \_\_\_\_\_
- V. Please specify your physical symptoms and/or problematic life events for which you are seeking therapy.

**PROBLEMS WITH PRIMARY SUPPORT GROUP**

- Death of a family member \_\_\_\_\_
- Health problems in family \_\_\_\_\_
- Disruption of family by separation, divorce, or estrangement \_\_\_\_\_
- Removal from the home \_\_\_\_\_
- Remarriage of parent \_\_\_\_\_
- Sexual or physical abuse \_\_\_\_\_
- Parental overprotection \_\_\_\_\_
- Neglect of child \_\_\_\_\_
- Inadequate discipline \_\_\_\_\_
- Discord with siblings \_\_\_\_\_
- Birth of a sibling \_\_\_\_\_

**PROBLEMS RELATED TO THE SOCIAL ENVIRONMENT**

- Death or loss of friend \_\_\_\_\_
- Inadequate social support \_\_\_\_\_
- Living alone \_\_\_\_\_
- Difficulty with acculturation \_\_\_\_\_
- Discrimination \_\_\_\_\_
- Adjustment to life-cycle transition (e.g., going to college) \_\_\_\_\_

**EDUCATIONAL PROBLEMS**

- Illiteracy \_\_\_\_\_
- Academic problems \_\_\_\_\_
- Discord with teachers or classmates \_\_\_\_\_
- Inadequate school environment \_\_\_\_\_

**OCCUPATIONAL PROBLEMS**

Unemployment \_\_\_\_\_  
Threat of job loss \_\_\_\_\_  
Stressful work schedule \_\_\_\_\_  
Difficult work conditions \_\_\_\_\_  
Job dissatisfaction \_\_\_\_\_  
Job change \_\_\_\_\_  
Discord with boss or coworkers \_\_\_\_\_

**HOUSING PROBLEMS**

Homelessness \_\_\_\_\_  
Inadequate housing \_\_\_\_\_  
Unsafe neighborhood \_\_\_\_\_  
Discord with neighbors or landlord \_\_\_\_\_

**ECONOMIC PROBLEMS**

Extreme poverty \_\_\_\_\_  
Inadequate finances \_\_\_\_\_  
Insufficient welfare support \_\_\_\_\_

**PROBLEMS WITH ACCESS TO HEALTH CARE SERVICES**

Inadequate health care services \_\_\_\_\_  
Transportation to health care facilities unavailable \_\_\_\_\_  
Inadequate health insurance \_\_\_\_\_

**PROBLEMS RELATED TO INTERACTION WITH THE LEGAL SYSTEM/CRIME**

Arrest \_\_\_\_\_  
Incarceration \_\_\_\_\_  
Litigation \_\_\_\_\_  
Victim of crime \_\_\_\_\_

**OTHER PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS**

Exposure to disasters, war, other hostilities \_\_\_\_\_  
Discord with nonfamily caregivers such as counselor, social worker, or physician \_\_\_\_\_  
Unavailability of social service agencies \_\_\_\_\_

NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_

SEX: \_\_\_\_\_  
AGE: \_\_\_\_\_

1. I've been thinking about suicide \_\_\_\_\_ YES NO
2. I have attempted suicide \_\_\_\_\_ YES NO
3. I'm thinking about harming someone \_\_\_\_\_ YES NO
4. People have described me as violent \_\_\_\_\_ YES NO
5. I have flashbacks from a terrible experience \_\_\_\_\_ YES NO
6. I've lost interest since the time something terrible happened \_\_\_\_\_ YES NO
7. I take advantage of others \_\_\_\_\_ YES NO
8. I've been arrested \_\_\_\_\_ YES NO
9. I struggle with trying to control my drinking \_\_\_\_\_ YES NO
10. I use drugs \_\_\_\_\_ YES NO
11. I see or hear things that others can't \_\_\_\_\_ YES NO
12. People are out to get me \_\_\_\_\_ YES NO
13. People say that my worrying interferes with my life \_\_\_\_\_ YES NO
14. Changes in my routine cause too much stress \_\_\_\_\_ YES NO
15. My thoughts and speech are so fast others can't follow \_\_\_\_\_ YES NO
16. People say I have too much energy \_\_\_\_\_ YES NO
17. I have purposefully cut on myself \_\_\_\_\_ YES NO
18. I often feel abandoned \_\_\_\_\_ YES NO
19. I find myself crying for no reason \_\_\_\_\_ YES NO
20. Things are hopeless \_\_\_\_\_ YES NO

**FOR COUNSELING STAFF ONLY**

\_\_\_SH      \_\_\_AS      \_\_\_AN      \_\_\_DE  
\_\_\_AG      \_\_\_SA      \_\_\_MA  
\_\_\_TR      \_\_\_PE      \_\_\_BO

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