Information Sheet for Counseling

Name_____ Telephone_____ Date_____

Address_____ E-mail_____

Briefly answer the following questions:

1. What is the main problem, as you see it? What brings you here?

2. What have you done about it?

3. What can we do? What are your expectations in coming here?

4. As you see yourself, what kind of person are you? Describe yourself:

5. Is there any other information we should know?