Jessica Jacobson, M.Ed.
Licensed Professional Counselor
Clear Horizons Counseling, LLC
302 Tom Hall Street, Suite 5
Fort Mill, SC 29715

NEW CLIENT SURVEY

Client Last Name:	First:	Middle:	Today's Date:

Please provide the following information to help in planning your services.

Symptom Checklist

Instructions. Use checkmarks (✓) to indicate which symptoms you (or the client) have been experiencing recently.

	0 - Not at all	1 - Somewhat	2 - Moderately	3 - A lot	4 - Extremely
Depressed mood					
Anxiety / fears / phobias					
Panic attacks					
Mood swings					
Low self-esteem					
Marital / relationship issues					
Substance abuse (self)					
Substance abuse (others)					
Legal problems or arrests					
Anger / irritability					
Illness (self)					
Illness (others)					
Recent loss or death					
Trauma					
Difficulty concentrating					
Difficulty sleeping					
Eating patterns					
Behavior issues					
Work / school difficulties					
Other (list):					

Jessica Jacobson, M.Ed.
Licensed Professional Counselor
Clear Horizons Counseling, LLC
302 Tom Hall Street, Suite 5
Fort Mill, SC 29715

Are you seeking counseling as part of a disability claim, divorce action or a court or legal action of any kind? Yes ☐ No ☐

Have you had counseling in the past? Yes ☐ No ☐

Was it helpful? Yes ☐ No ☐

Why or why not?

_____

_____

_____

What are your goals for counseling?

_____

_____

_____

Thank you for providing this information!