



Client Name: _____

Date of Birth: _____

Today's Date: _____

Elizabeth Layton Center

Clinical Services Questionnaire - Walk-in Therapy Appointment

Thank you for attending a walk-in session today at ELC. This session may take as little as 17 minutes and as long as 60 minutes and will be billed accordingly. You may or may not see your regular therapist. Part of the session may focus on your commitment to your treatment goals. To help us serve you better, please answer the following questions.

Please state the nature of your main concern(s). What brings you in for services today?

How long has this been a concern? _____

Please circle the severity of your concern(s) using the scale below (circle one):

Not Very Upsetting Mildly Upsetting Upsetting Severe Very Severe

Circle any of the following that apply to the client:

- | | | | |
|-----------------|-----------------------|----------------------|-------------|
| Health problems | Take drugs | Unable to relax | Secure |
| Need to change | Considerate | Overeating | Friendly |
| Exhausted | No appetite | Shakiness | Nervous |
| Feel panicky | Fearful | Can't keep a job | Happy |
| Work problems | Running away | Partner difficulties | Attractive |
| Inferiority | Evil | Shy with people | Suicidal |
| Bad home life | Morally wrong | Independent | Worthwhile |
| Hearing voices | School problems | Guilty | Depressed |
| Lonely | Can't make friends | Life is empty | Content |
| Angry | Aggressive | Poor concentration | Fatigue |
| Nightmares | Emotional problems | Tell lies | Feel tense |
| Immature | Misunderstood | Confident | Suspicious |
| Drinks too much | Easily excited | Religious concerns | Confused |
| Unattractive | Sleeping problems | Failure | Unassertive |
| Money problems | Dizziness | Parental problems | Intelligent |
| Sexual problems | Headaches | School problems | |
| In conflict | Can't do things right | Other: _____ | |

Please list any additional information you wish for your provider to know:
