

Client Concern Report

Please list the most distressing concerns in your life that are affecting you as you enter counseling.

Next, rate these concerns by circling the number that best describes how much it is disrupting your life at the current time. Use the following scale:

“1” is a very low amount of disruption and / or concern. “10” is an extreme amount of disruption and / or concern.

Your counselor will use this as a guide to help understand your needs in counseling and to assist with preparing your treatment goals.

Issue #1 _____

Low 1 2 3 4 5 6 7 8 9 10 Extreme

Issue #2 _____

Low 1 2 3 4 5 6 7 8 9 10 Extreme

Issue #3 _____

Low 1 2 3 4 5 6 7 8 9 10 Extreme

Issue #4 _____

Low 1 2 3 4 5 6 7 8 9 10 Extreme

Issue #5 _____

Low 1 2 3 4 5 6 7 8 9 10 Extreme

Issue #6 _____

Low 1 2 3 4 5 6 7 8 9 10 Extreme