Herald Counseling Services
角聲輔導中心

7001 Corporate Dr., Suite 379, Houston, TX 77036 ☆ Phone: 713-270-8660 Web: www.cchchouston.org

Counseling Intake Form 協談資詢表

Personal Information 個人資料

Client Name: 姓名	**Race/Country of Origin** 種族/原籍**:**	**Age:** 年齡	**Sex:** 性別	**Date of Birth:** 出生日期	☐New Client 新客戶 ☐Previous Client 舊客戶 ☐Existing Client 現有客戶
Client Address: (Street, Apt/Unit) 地址				**(City, County):**	**(State & Zip Code):**
Email Address 電郵地址:	**Home Phone** 電話(家):		**Work Phone** 工作電話:		**Cell Phone** 手提電話:
Occupation 職業:	**Employer** 僱主:				
Emergency Contact: Name 緊急聯絡人: 姓名	**Phone** 電話:		**Relationship to You** 關係:		
For confidentiality, when and where can you be reached? 在保密情況下，最適合聯絡你的時間和地點?					

Family 家庭資料

Current Marital Status 現時婚姻狀況: ☐ Never Married 未婚 ☐ Engaged 訂婚 ☐ Married 已婚 ☐Cohabit 同居 ☐ Separated 分居 ☐ Divorced 離婚 ☐ Widowed 鰥／寡	
If Engaged, Date of Engagement 如訂婚，訂婚日期:	**Proposed Wedding Date:** 預定結婚日期**:**
If Married, Spouse's Name 如已婚，配偶姓名**:** / **Age** 年齡:	**Years of Marriage** 結婚幾年:
If Separated/ Divorced, reason for Sep/Div 如離婚，分居／離婚原因:	**Years of Div/Sep** 分居／離婚幾年:

If Client is a Minor, Grade Level 如在十八歲以下，級別:	**School** 學校:
Presently Living with 現時與你同住的人**:** ☐ **Parents** 父母 ☐ **Spouse** 配偶 ☐ **Roommate(s)** 室友 ☐ **Alone** 獨居 ☐ **Other** 其他	
Name of Parent/Guardian 父母／監護人姓名:	**Relationship** 關係:

Children/Other Siblings 兒女／兄弟姊妹:	**Age** 年齡	**School** 學校	**Female Male** 女 男
Child's Name 姓名			☐ ☐
Child's Name 姓名			☐ ☐
Child's Name 姓名			☐ ☐

People currently living with you: 與你同住的人	**Age** 年齡	**Female Male** 女 男	**Relationship to you** 與你關係:
Name 姓名		☐ ☐	
Name 姓名		☐ ☐	
Name 姓名		☐ ☐	

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Visa Status 居留身份:	Income 收入	Education 教育程度:
☐US Citizen 美國公民	☐Job Employment 僱主	☐Less than 12 years 十二年級以下
☐Legal Immigrant 合法移民	☐TANF/Food stamps 糧食券/WIC	☐High School Diploma 高中畢業
☐Spousal Visa 配偶簽証	☐SSI/SSDI	☐GED
☐Tourist 旅遊	☐Spouse/Partner 配偶／同伴	☐Some College 大學未完成
☐Student Visa 學生簽証	☐Other 其他	☐Vocational Training 專業訓練 Type 種類_____
☐Fiancé Visa 未婚夫／妻簽証	☐None 沒有收入	☐College graduate 大學畢業
☐Other 其他	☐Monthly Amount 每月收入_____	

Reasons for Seeking Help 尋求幫助原因

When did your present concern begin to be a problem for you 目前問題什麼時候開始?

Please rate the severity of your present concerns on the following scale: 現有困難嚴重程度
Check one 請選其一: ☐ Mild 輕微 ☐ Moderate 中度 ☐ Severe 嚴重 ☐ Totally Incapacitating 生活功能完全失調
☐ Other 其他 _____

What concerns have led you to pursue counseling 那些困難促使你尋求輔導?

Where are your concerns causing the most problems for you? Check all that apply:
這些困難在以下那方面影响你最大? 選所有適合的:
☐ Home 家 ☐ Work 工作 ☐ Marriage 婚姻 ☐ School 學校 ☐ Friends 朋友 ☐ Family 家人 ☐ God 神
☐ Other 其他_____

Physical Assessment 身體狀況評詁

☐ Headaches 頭痛	☐ Increased Appetite 胃口特增	☐ Numbness/Tingling Feeling 麻木／刺痛感覺
☐ Dizziness 頭昏眼花	☐ Fatigue/Loss of Energy 疲倦／乏力	☐ Muscle Tension or Soreness 肌肉緊張／疼痛
☐ Fainting Spells 暈倒	☐ Decreased Sleep 睡眠不足	☐ Chest Pain or Discomfort 胸口疼痛／不適
☐ Indigestion 消化不良	☐ Bowel Disturbances 大便不正常	☐ Accelerated Heart Rate 心跳加速
☐ Panic 恐慌	☐ Hot Flashes/Chills 潮热／冷顫	☐ Nausea/Abdominal Distress 噁心/腹痛
☐ Increased Sleep 渴睡	☐ Trembling/Shaking 打顫／震動	☐ Shortness of Breath 呼吸困難
☐ Sweating 冒汗	☐ Loss of Appetite 失去胃口	☐ Other 其他_____

How would you rate your current physical health? 你認為你現時身體健康狀況如何?
Check one 請選其一: ☐ Excellent 優 ☐ Good 良 ☐ Fair 可 ☐ Poor 劣

When was your last physical examination? (Month/Day/Year) / /
最近一次身體檢查日期? (月／ 日／ 年)

Are you currently being treated for any medical conditions? 你現時是否正在接受任何醫藥治療?
☐ Yes 是 What 什麼?_____ ☐ No 否

Name of Physician 醫生姓名:	Phone 電話::

Are you currently on any medication? 你現時有否在服藥? ☐ Yes 是 ☐ No 否
If yes, please list all current medication(s) (over-the-counter or prescription) and dosage(s):
如有，請將所有藥名和劑量列出：

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Mental/Emotional Assessment 精神／情緒評詁

☐ Inability to Recall Details 忘記細節	☐ Recurrent Distressing Dreams 惡夢重現	☐ Feeling Detached from Self 與自己情緒脫節
☐ Irritability 易怒	☐ Harming Yourself 傷害自己	☐ Restlessness 坐立不安
☐ Nightmares 惡夢	☐ Harming Others 傷害他人	☐ Outbursts of Anger 憤怒爆發
☐ Sense of Worthlessness 無用感覺	☐ Low Self-Esteem 自我形像降低	☐ Fear of Dying 懼怕死亡
☐ Mind Going Blank 頭腦空白	☐ Inability to Think 失去思考能力	☐ Racing Thoughts 心猿意馬
☐ Thinking About Death 想死	☐ Impaired Functioning 功能受損	☐ Loss of Reality 失去現實感
☐ Feelings of Shame/Guilt 感到羞恥／內疚	☐ Lack of Emotional Responsiveness 缺乏情緒反應	☐ Loss of Interest or Pleasure 失去興趣／樂趣
☐ Intense Fear or Discomfort 極度恐懼或不安	☐ Recurring Flashbacks of Trauma 重覆傷痛景象重現	☐ More Talkative Than Usual 比平時健談
☐ Sadness/Depressed Mood 悲傷或沮喪	☐ Feeling Detached from Others 感覺與人疏離	☐ Restricted Range of Emotions 限制情緒範圍
☐ Loss of Concentration 注意力不能集中	☐ Hopelessness/Helplessness 感到絶望／無助	☐ Decreased Need for Sleep 睡眠的需要減少

Do you or anyone in your family have any history of drug/alcohol abuse 你或家人曾有嗜酒或濫用藥物的記錄嗎?

☐ Yes 有 ☐ No 沒有 If yes, when 如有, 何時? _____

Please describe briefly 請簡述:

Do you or anyone in your family have any history of any serious mental health issues (such as depression, anxiety, manic depression, schizophrenia, etc.) 你或家人曾有嚴重精神健康問題的記錄嗎?（如憂鬱，焦慮，燥狂抑鬱病，精神分裂等）

☐ Yes 有 ☐ No 沒有 If yes, when? 如有, 何時? _____

Please describe briefly 請簡述:

Do you or anyone in your family have any history of physical or sexual abuse towards you or others? 你或家人曾對你或他人有對你肢體傷害或性虐待行為的記錄嗎? ☐ Yes 有 ☐ No 沒有 If yes, when? 如有, 何時? _____

Please describe briefly: 請簡述:

Have you ever been treated or hospitalized for any psychiatric reason(s)? 你曾因為精神病入院接受治療嗎？

☐ Yes 有 ☐ No 沒有

If yes, when 如有，何時?_____ how long 多久?_____ and where at 在何處? _____

Name of Psychiatrist 精神科醫生姓名:	Phone 電話:

Have you had prior counseling? 你曾接受過輔導嗎? ☐ Yes 有 ☐ No 沒有

If Yes, how long 如有，多久??_____ by whom 輔導員?_____, and for what reason 輔導原因?

If yes, how do you feel about the results of your previous counseling? 如有，你覺得那次輔導的結果如何?

What would you like to see happen in order for your counseling at Herald to be considered successful?
你祈盼從角聲輔導中心的輔導的過程中，能够得到怎樣的幫助？

Spiritual Information 宗教信仰資料

How important are your spiritual beliefs and your spiritual life to you? 你的信仰對你的精神生活重要嗎?

☐ Very Important 非常重要 ☐ Somewhat Important 有些重要 ☐ Not Very Important 不太重要

☐ Not Important at All 毫不重要

How much of an impact do you believe your spiritual beliefs have on your present situation? Check one below:
你的信仰對你目前的狀況有何影响?

☐ *Absolute impact 極大影响* ☐ *Some impact 有些影响* ☐ *No impact at all to my present situation. 全無影响*

I consider myself 我認為自己是: ☐ Catholic 天主教徒 ☐ Protestant Christian 基督徒 ☐ Mormon 摩門教徒

☐ Jehovah's Witness 耶和華見證人 ☐ Atheist 無神論者 ☐ Buddhist 佛教徒 ☐ Taoist 道教徒 ☐ Hindu 印道教徒

☐ Jewish 猶太教徒 ☐ Muslim 回教徒 ☐ Other 其他

If applicable, which primary book do you base your spiritual beliefs upon? 如適用，你的信仰基於那本宗教書藉？

If applicable, which place of worship do you attend? 如適用，你在那裏聚會?

How often do you attend this place of worship? 你多久去一次聚會?

Do you desire prayer as a part of your counseling process? 你願意在協談時祈禱嗎? ☐ Yes 願意 ☐ No 不願意

Office Use Only

Assigned to:	**Supervisor:**

Instructions:

Method of Payment:

☐ Private Insurance
☐ EAP
☐ Third Party Free Service, Name of Agency_____
☐ Self-Pay(Cash/Check) Payment Amount:_____
☐ Sliding Scale
If Sliding Scale, Estimated Family Income : _____ Per Month/Year
Payment Amount:_____
☐ Other

Follow Up Actions Taken (Please Indicate Date Completed by and Initial):

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