Greetings,

Prior to a 15-minute consultation, please answer the following questions to begin your orientation process. When you return the questionnaire, a team member will be in contact with you to schedule your 15-minute free consult.

**NEW CLIENT BRIEF QUESTIONNAIRE**

1. How did you hear about Tut Enterprises, LLC Counseling and Consulting Services?

2. How long have the presenting concern(s) existed (in days, weeks, months, years)?

3. Identify at least one concrete goal you would like to focus on with a counselor?

4. What is your source of income?

5. Place and position of Employment/School?

6. Marital Status: Never Married Married Separated Divorced Widowed

7. Racial Demographic: Asian Descent Bi/Multi-cultural Heritage Black/African American Descent Latinx Native American White/ European Descent

8. Religion (optional): Buddhist Christian Hebrew/Jewish Islamic No Religious Denomination Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Family/Emergency Contact Information:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Payment: Cash \_\_\_ Credit Card \_\_\_ (Zelle [drlbfuller@gmail.com](mailto:drlbfuller@gmail.com)) CashApp \_\_\_ ($TruthUntold)

Thank you for taking the time to answer the questions.

We appreciate your trust and look forward to servicing you on your new journey.

Sincerely,

Truth UnTold Enterprises, LLC

*Coordinating Team*

Stress Symptoms Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Check | Physical Signs of Stress: | Check | Behavioral Signs of Stress: |
|  | Stomach pain; nervous stomach  Appetite change; weight change  Stiff or sore joints, especially neck and shoulders  Muscle tightness, cramps and spasms  Back or chest pain  Migraines or tension headaches  Frequent colds or illness, sore throat or cough  Fever blisters  High blood pressure  Rapidly beating heart, even when resting  Nervous tick or twitch  Skin conditions such as rashes; hives; skin irritation  Fatigue, lack of energy  Cold hands and feet  Bloating; diarrhea; constipation |  | Excessive video games, or TV watching  Excessive use of alcohol, drugs, or tobacco  Over-eating or under-eating  Losing temper easily; arguing more  Being late to classes or skipping classes  Compulsive behaviors - checking; cleaning; organizing  Hyperactivity - you can't slow down  Increased nervous habits, nail biting hair twisting  Sexual problems  Sleep problems - too much or too little, interrupted  Isolating self  Increased recklessness or risk taking |
| Check | Emotional/Psychological Signs of Stress: | Check | Cognitive Signs of Stress: |
|  | Feeling overwhelmed or that there is way too much to do  Feeling "out of control"  Frequent worrying or obsessing  Anxiety  Unexplained/irrational fears  Frequent recurring nightmares  Frequent irritability; easily frustrated  Feeling angry and resentful  Mood swings, crying spells  Depression  Frequent guilt  Boredom  Apathy; dissatisfaction; less interest in activities that are usually enjoyable  Loneliness  Feeling inadequate, powerless, hopeless |  | Difficulty making decisions; impulsivity; indecisiveness  Confusion; disorientation; "spaciness"  Difficulty concentrating, attending  Difficulty remembering information, details, or recent events  Repetitive thoughts  Poor judgment  Frequently misunderstanding what others tell you  Thoughts of escaping, running away from things,  Racing thoughts |
| **Number of Items Checked** | | **Stress Level** | |
| 0-7  8-14  15-21  22+ | | Low  Moderate  High  Very High | |