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) 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 stomachAppetite change; weight changeStiff or sore joints, especially neck and shouldersMuscle tightness, cramps and spasmsBack or chest painMigraines or tension headachesFrequent colds or illness, sore throat or coughFever blistersHigh blood pressureRapidly beating heart, even when restingNervous tick or twitchSkin conditions such as rashes; hives; skin irritationFatigue, lack of energyCold hands and feetBloating; diarrhea; constipation |   | Excessive video games, or TV watchingExcessive use of alcohol, drugs, or tobaccoOver-eating or under-eatingLosing temper easily; arguing moreBeing late to classes or skipping classesCompulsive behaviors - checking; cleaning; organizingHyperactivity - you can't slow downIncreased nervous habits, nail biting hair twistingSexual problemsSleep problems - too much or too little, interruptedIsolating selfIncreased 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 doFeeling "out of control"Frequent worrying or obsessingAnxietyUnexplained/irrational fearsFrequent recurring nightmaresFrequent irritability; easily frustratedFeeling angry and resentfulMood swings, crying spellsDepressionFrequent guiltBoredomApathy; dissatisfaction; less interest in activities that are usually enjoyableLonelinessFeeling inadequate, powerless, hopeless |   | Difficulty making decisions; impulsivity; indecisivenessConfusion; disorientation; "spaciness"Difficulty concentrating, attendingDifficulty remembering information, details, or recent eventsRepetitive thoughtsPoor judgmentFrequently misunderstanding what others tell youThoughts of escaping, running away from things,Racing thoughts |
| **Number of Items Checked** | **Stress Level** |
| 0-78-1415-2122+ | LowModerateHighVery High |