**来访者信息表Intake Form**

***个人信息Personal Information:***

姓名Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

地址Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_城市City\_\_\_\_\_\_\_\_\_\_\_\_\_邮政编码Postal Code\_\_\_\_\_\_\_\_\_\_\_

电话Tel. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

可以短信联系吗？ Is it okay to text? 可以Yes 不可以No

电子邮箱Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

可以电子邮件联系吗 Is it okay to email? 可以Yes 不可以No

年龄Age: \_\_\_\_\_\_\_\_\_ 出生日期Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ 职业Occupation:\_\_\_\_\_\_\_\_\_\_

情感状态Status: 单身Single • 恋爱中Dating • 已订婚Engaged• 同居中Living with•

结婚年数Years married \_\_\_\_\_ 离婚年数Years divorced \_\_\_\_\_

分居年数Years separated \_\_\_\_\_ 丧偶年数Years widowed \_\_\_\_\_

孩子个数Number of children, if any:

男孩M:\_\_\_\_\_\_ 年龄Age(s):\_\_\_\_\_\_ 女孩F:\_\_\_\_\_\_ 年龄Age(s): \_\_\_\_\_

紧急联系人Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 电话Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***病史Medical History:***

你目前在接受治疗吗？Are you currently under medical care? 是Yes 不是No

如果是，请阐明原因If yes, please indicate reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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你目前在服用处方药吗？Are you taking any prescription medications for physical or mental health? 是Yes 不是No

如果是，具体是什么药物？If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

如果有必要，你反对咨询师联系你的医生吗？Do you have any objection to the counsellor contacting your doctor if necessary? 是Yes 不是No

医师名字Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_电话Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

精神科医生名字Psychiatrist’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_电话 Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

有其他有关的病史吗？Any other relevant medical history? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***咨询史Counselling History***

你之前看过心理咨询师/心理医生吗？Have you previously seen a counsellor /therapist/ psychologist? 有Yes 没有No

如果有，你最后一次就诊时间是什么时候？If yes, when was your last session with any of the above? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

停止就诊的原因Reason for discontinuing therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

你有尝试过自杀吗？Have you ever attempted suicide? 有Yes 没有No

如果有，是多久以前的事？If yes, how long ago did it happen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

你有家人尝试过自杀吗？Have any family members attempted suicide? 有Yes 没有No

用你自己的话说说，为什么你想进行心理咨询？In your own words, write why you are seeking counselling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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这些担忧让你苦恼多久了？How long have these concerns been causing you distress? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

你希望心理咨询能怎么帮助你？How do you hope counselling will help? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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你觉得还有什么重要的事需要咨询师知道吗? Is there anything else you feel is important for the counsellor to know? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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请说明下列哪一项适合你Please indicated which of the following apply to you:

虐待Abuse \_\_\_

经济问题Financial problems \_\_\_

自杀想法Suicidal thoughts \_\_\_

生气Anger \_\_\_

赌博Gambling \_\_\_

性问题Sexual problems \_\_\_

焦虑Anxiety \_\_\_

吸烟Smoking \_\_\_

酗酒Alcoholism \_\_\_

易怒Irritability \_\_\_

羞怯Shyness \_\_\_

食欲丧失Appetite loss \_\_\_

被孤立感Isolation \_\_\_

使用镇定剂Sedatives/Tranquillisers \_\_\_

肠蠕动Bowel disturbances \_\_\_

孤独Loneliness \_\_\_

胃病Stomach trouble \_\_\_

抑郁Depression \_\_\_

噩梦Nightmares \_\_\_

紧张Tension \_\_\_

药物依赖Drug dependency \_\_\_

惊恐发作Panic attacks \_\_\_

颤抖Tremors \_\_\_

眩晕Dizziness \_\_\_

心悸Palpitations \_\_\_

体重减轻Weight loss \_\_\_

难以保住工作Difficulty keeping a job \_\_\_创伤后应激障碍PTSD \_\_\_

呕吐Vomiting \_\_\_

其他（请注明）Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***精神意识Spirituality***

你觉得自己信教吗？Do you consider yourself to be religious? 是Yes 否No

如果是，你的宗教信仰是什么？If yes, what is your faith? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

如果不，你认为你自己有信仰吗？If no, do you consider yourself to be spiritual? 是Yes 否No

***咨询信息Information about services***

你最理想的预约时间是什么时候？（请指定日期和时间）When would you ideally be available for appointments, please specify days and times? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**费用Fees:**

*FASS作为一个非盈利性质的公益组织，所有咨询疗程均为免费。Because FASS is a non-profit social enterprise, all sessions are free of charge.*

*谢谢您花时间填写这张表格。我们期待着与您一起为改变而努力。Thank you for taking the time to fill out this form. We look forward to working with you towards change.*

来访者签名Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_