

# Client Need Summary

T:



**MORNING LIGHT  
COUNSELING**

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

\*\* Please indicate how much each area is or isn't a problem for you currently,  
by **circling the most appropriate response/s** in each area, using the following scale:

- 0 – No Problem:**      *This has really never been a problem for me.*
- 1 – Past Problem:**    *This used to be a problem, but is mostly resolved now.*
- 2 – Ongoing Problem:** *This has been a problem for a long time - and it isn't getting any better.*
- 3 – Urgent Problem:**   *This problem is significantly interfering with my life right now.*
- 4 – Major Problem:**   *This is the major reason I've decided to start therapy.*
- 5 – Crisis:**              *I need help with this right now, or something really bad might happen.*

\*\* This information will **acquaint your therapist more quickly with your concerns**, so you can get to work resolving them sooner. Feel free to provide additional information in "Notes".

<b>Depression</b>	0 1 2 3 4 5	<b>Anxiety</b>	0 1 2 3 4 5
<i>I feel down a lot</i>	0 1 2 3 4 5	<i>I frequently feel anxious</i>	0 1 2 3 4 5
<i>I don't have any energy</i>	0 1 2 3 4 5	<i>I worry about everything</i>	0 1 2 3 4 5
<i>I have suicidal thoughts</i>	0 1 2 3 4 5	<i>I have panic attacks</i>	0 1 2 3 4 5
<b>Notes:</b>	<input style="width: 40px; height: 20px;" type="text"/>	<b>Notes:</b>	<input style="width: 40px; height: 20px;" type="text"/>

<b>Self Esteem</b>	0 1 2 3 4 5	<b>Anger</b>	0 1 2 3 4 5
<i>I get down on myself a lot</i>	0 1 2 3 4 5	<i>I get irritated easily</i>	0 1 2 3 4 5
<i>I don't like the way I look</i>	0 1 2 3 4 5	<i>My anger gets physical</i>	0 1 2 3 4 5
<i>I feel like a failure</i>	0 1 2 3 4 5	<i>Anger is hurting my family</i>	0 1 2 3 4 5
<b>Notes:</b>	<input style="width: 40px; height: 20px;" type="text"/>	<b>Notes:</b>	<input style="width: 40px; height: 20px;" type="text"/>

<b>Addiction</b>	0 1 2 3 4 5	<b>Post-Traumatic Stress</b>	0 1 2 3 4 5
<i>I struggle with an addiction</i>	0 1 2 3 4 5	<i>Something bad happened</i>	0 1 2 3 4 5
<i>Others think I'm addicted</i>	0 1 2 3 4 5	<i>I feel haunted by past events</i>	0 1 2 3 4 5
<i>Someone I love is addicted</i>	0 1 2 3 4 5	<i>I have flashbacks/nightmares</i>	0 1 2 3 4 5
<b>Notes:</b>	<input style="width: 40px; height: 20px;" type="text"/>	<b>Notes:</b>	<input style="width: 40px; height: 20px;" type="text"/>

<b>Family Issues</b>	0 1 2 3 4 5	<b>Marriage/Partner Issues</b>	0 1 2 3 4 5
<i>I am concerned for my child</i>	0 1 2 3 4 5	<i>I don't feel close to my partner</i>	0 1 2 3 4 5
<i>I am in conflict with a parent</i>	0 1 2 3 4 5	<i>Trust has become a problem</i>	0 1 2 3 4 5
<i>Our communication gets stuck</i>	0 1 2 3 4 5	<i>Communicating is hard for us</i>	0 1 2 3 4 5
<b>Notes:</b>	<input style="width: 40px; height: 20px;" type="text"/>	<b>Notes:</b>	<input style="width: 40px; height: 20px;" type="text"/>

<b>Grief / Loss / Transition</b>	0 1 2 3 4 5	<b>Stress</b>	0 1 2 3 4 5
<i>I've lost someone I love</i>	0 1 2 3 4 5	<i>I am worried about finances</i>	0 1 2 3 4 5
<i>My life has totally changed</i>	0 1 2 3 4 5	<i>I struggle with health problems</i>	0 1 2 3 4 5
<i>I miss what used to be</i>	0 1 2 3 4 5	<i>I have trouble sleeping</i>	0 1 2 3 4 5
<b>Notes:</b>	<input style="width: 40px; height: 20px;" type="text"/>	<b>Notes:</b>	<input style="width: 40px; height: 20px;" type="text"/>