

# ELANAH D. NAFTALI, DRPH, LMFT, SEP

www.FeelingEase.com

143 West Walnut Lane, Ste. 203  
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## DISCERNMENT COUNSELING INTAKE FORM

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone(s) \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_\_\_ Occupation (Employer) \_\_\_\_\_

Education: Some High School High School Graduate Post High School

College Graduate Graduate Studies

Current Religious Affiliation (If Any) \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Wedding Date with Current Spouse \_\_\_\_\_ How many times married? \_\_\_\_\_

No. Children \_\_\_\_\_ No. Stepchildren living with you \_\_\_\_\_ Age(s) of Children \_\_\_\_\_

Are you in counseling now? Yes No If yes, with whom? \_\_\_\_\_

Are you currently on medication for a psychological condition? Yes No

If yes, for what condition? \_\_\_\_\_

Type of medication \_\_\_\_\_ Name of Prescribing Doctor \_\_\_\_\_

Emergency Contact (Name/Relationship/Phone) \_\_\_\_\_

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*The first set of questions is about how you feel about your marital relationship right now. Please answer questions 1-3 based on the following scale:*

All the time 0	Most of the time 1	More often than not 2	Occasionally 3	Rarely 4	Never 5
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1. In general, how often do you think that things between you and your partner are going well?

0	1	2	3	4	5
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2. Do you confide in your mate?

0	1	2	3	4	5
---	---	---	---	---	---

3. How often do you discuss or have you considered divorce, separation, or terminating your relationship?

0	1	2	3	4	5
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4. The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please **circle** the dot which best describes the degree of happiness, all things considered, of your relationship.

0	1	2	3	4	5	6
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Extremely <u>un</u> happy	Fairly <u>un</u> happy	A Little <u>un</u> happy	Happy	Very happy	Extremely happy	Perfect
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8. The final question is about how you are doing personally. Over the last 2 weeks, how often have you been bothered by any of the following problems? Read each item carefully, and circle your response.

a. Little interest or pleasure in doing things

*Not at all*    *Several day*    *More than half the days*    *Nearly every day*

b. Feeling down, depressed, or hopeless

*Not at all*    *Several day*    *More than half the days*    *Nearly every day*

c. Trouble falling asleep, staying asleep, or sleeping too much

*Not at all*    *Several day*    *More than half the days*    *Nearly every day*

d. Feeling tired or having little energy

*Not at all*    *Several day*    *More than half the days*    *Nearly every day*

e. Poor appetite or overeating

*Not at all*    *Several day*    *More than half the days*    *Nearly every day*

f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down

*Not at all*    *Several day*    *More than half the days*    *Nearly every day*

g. Trouble concentrating on things such as reading the newspaper or watching television

*Not at all*    *Several day*    *More than half the days*    *Nearly every day*

h. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual

*Not at all*    *Several day*    *More than half the days*    *Nearly every day*

i. Thinking that you would be better off dead or that you want to hurt yourself in some way

*Not at all*    *Several day*    *More than half the days*    *Nearly every day*

9. If you checked off any problem(s) in Question 6, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

*Not difficult at all*    *Somewhat difficult*    *Very difficult*    *Extremely difficult*