**重庆黄手帕&心旅心理**

**公益咨询申请表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 |   | 性别 |   | 年龄 |   |
| 文化程度 |   | 民族 |   | 籍贯 |   |
| 工作单位 |   | 职务 |   | 婚姻状况 |   |
| 手机 |   | 宅电 |   | e-mail |   |
| 微信号 |   | QQ |   | 手机号码 |   |
| **注**：紧急情况下可联系的对象和电话（紧急联系人的情况和联络电话）**〔必填〕** |
| 姓名 |   | 电话 |   |
| 您为什么来咨询？/您希望咨询哪方面的问题？（问题简述）1.2. |
| 您希望通过咨询达到怎样的目标？1.2. |
| 您对咨询师有什么期望或要求？1.2. |
| **主** **要** **家** **庭** **成** **员** |
| 关系 | 年龄 | 学历 | 职业 | 是否共同生活 | 相关病史 |
| 祖父祖母 |   |   |   |   |   |
|   |   |   |   |   |
| 外祖父外祖母 |   |   |   |   |   |
|   |   |   |   |   |
| 父亲 |   |   |   |   |   |
| 母亲 |   |   |   |   |   |
| 配偶 |   |   |   |   |   |
| 兄弟姐妹人数（  ） |   |   |   |   |   |
| 子女人数（  ） |   |   |   |   |   |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   请你仔细回想最近一个星期（包括今天），这些问题使你感到困扰和苦恼 的程度，然后勾选一个你认为最能代表你感觉的答案。

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **题目** | **完全没有** | **轻微** | **中等程度** | **厉害** | **非常厉害** |
| 睡眠困难，譬如难以入睡、易醒或早醒  |  |  |  |  |  |
| 对身边的事物缺乏兴趣或兴趣丧失  |  |  |  |  |  |
| 易怒或脾气暴躁注意力集中困难  |  |  |  |  |  |
| 异常的兴奋或情绪高涨 |  |  |  |  |  |
| 对人存在敌意 |  |  |  |  |  |
| 无法正常的工作或生活 |  |  |  |  |  |
| 抑郁或感到绝望 |  |  |  |  |  |
| 有自杀的想法  |  |  |  |  |  |
| 幻听或感知觉障碍 |  |  |  |  |  |
| 感到被别人控制感到别人想要害自己 |  |  |  |  |  |
| 觉得别人批评自己 |  |  |  |  |  |
| 与周围的人际关系紧张或不合群 |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 |

 |
|  |
|  本人承诺 | **表中所填信息和提供材料全部属实。否则，一切后果由本人承担！** 本人签字： 年 月 日 |

填表说明：

1.提交此表后，经公司筛查、审核通过后纳入公益心理咨询案例库，等候通知公益心理咨询预约安排。

 2．填写后，请将此表发送到1047978558@qq.com, 所有信息都会遵照行业伦理得到严格保密。