**重庆黄手帕&心旅心理**

**公益咨询申请表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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。