



Carlos J. Bustabad, MA, CHt.

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Client Intake Appraisal:

Male: _____ Full Name: _____
 Female: _____ Street Address: _____
 Single: _____ City, State, Zip: _____
 Married: _____ Daytime Phone: _____ Evening _____
 Divorced: _____ Email: _____
 Widowed: _____ Date of Birth: _____ Referred by; _____
 Children: _____

Presenting Issues:

Self-Control	Appearance	Success / Achievement	Optimism	Personal Organization
Weight Management	Relationships	Interpersonal Skills	Attraction	Become Persuasive
Situational Stress	Spirituality	Facilitate Wellness	Goal-Setting	Self-Confidence
Sleep Improvement	Apprehensions	Smoking Cessation	Occupation	Other Referred Issues

Other Health Issues and Medications:

♦
♦
♦
♦

Goals:

♦ _____
 ♦ _____
 ♦ _____
 ♦ _____
 ♦ _____