



SEASONS  
COUNSELING SERVICES

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**New Client Brief Questionnaire**

Reason for engaging in therapy at this time:

What would you like to achieve by engaging in therapy at this time?

Have you received counseling in the past? If "yes", please explain the type of counseling you received and what you found most helpful, and least helpful.

Are you currently on any prescription medications? Please list medication, dosage, how long you have been taking the med(s), prescribing physician, and if you feel like it has been working.