

New Day Counseling – Anger Management Class

Adult

The Anger Management Program at New Day Counseling provides services to anyone seeking help in managing anger for personal, court, or business purposes. The class includes education, information, support and referrals. All class facilitators are licensed and trained professionals and hold a degree in counseling, psychology, social work or a related field.

The purpose of this form is to facilitate in the understanding and meeting of your individual needs. Please answer the following questions as accurately and completely as you can.

Please print clearly. If you need more space for any of the questions, please use the back of the sheet.

Last Name _____ First Name _____ MI _____
Address _____ City _____ State _____ ZIP _____
Telephone (Home) _____ (Work) _____ (Cell) _____

Ok to leave message? Home: yes no Work: yes no Cell: yes no
Email address (optional): _____

Ok to send mail? Home: yes no Email: yes no

Birthdate ____ / ____ / ____ Age _____ Gender ____F ____M

Race (optional): Asian Black Hispanic Native American Caucasian Other _____

Marital Status: Never married Married Separated Divorced Widowed

If married: How long have you been married? _____

If divorced or widowed: When? _____

Children: Boy(s) how many? ____ age(s) _____

Girl(s) how many? ____ age(s) _____

In case of emergency, contact:

Name (1) _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

Who referred you to this course? (probation officer, attorney, court representative, counselor, etc)? _____

Please describe the reason(s) you are taking this class/group?

Are you mandated by court? yes no

Are you mandated by your employer or school? yes no

Are you taking this course due to a domestic violence incident? Yes No

Are you voluntarily taking this class because you would like more control over your anger?

yes no

Other: I am taking this course because _____

Have you abused your partner/spouse or children? yes no

Have you threatened someone or hit them? yes no

Describe the incident which precipitated the need for you to take an anger management class:

Was the incident combined with substance abuse? yes no

Have you ever been arrested for a violent or criminal act? yes no Please describe: _____

Are you involved in any active cases? (traffic, civil, criminal)? Yes No

If yes, please describe and indicate court and hearing/trial dates and charges

Are you currently on parole or probation? Yes No

If yes, please describe

Probation officer name and telephone number _____

Have you been to professional counseling? yes no

If yes, when and for how long? _____

With whom? _____

For what problem(s) did you receive counseling? _____

How much have you been troubled by your issues with anger? Rate from a scale of 1 to 10 with 1 being not troubled at all and 10 being extremely troubled (circle): 1 2 3 4 5 6 7 8 9 10

Signature

Date

How did you hear about the Anger Management Classes at New Day Counseling (or from whom)?
