تنظیم المکاتب

FAMILY COUNSELLING FORM

PERSONAL DETAILS

(1) FULL NAME ..... (2) FATHER'S/HUSBAND'S NAME ..... (3) GENDER M☐ F☐

(4) ADDRESS ..... LOCALITY/VILLAGE/CITY .....

DISTRICT ..... STATE ..... PINCODE .....

(5) MOBILE No. +91 ☐☐☐☐☐☐☐☐☐☐ (6) WhatsApp No. +91 ☐☐☐☐☐☐☐☐☐☐

(7) EMAIL ..... (8) OTHER SOCIAL MEDIA ACCOUNT .....

(9) DATE OF BIRTH (dd/mm/yy) (10) NATIONALITY ..... (11) RELIGION.....

(12) MARITAL STATUS:- MARRIED☐ UNMARRIED☐ WIDOW☐ SEPARATED☐ DIVORCED☐

(13) NUMBER OF FAMILY MEMBER'S

(14) PLEASE TELL US YOUR PROBLEMS:-

(i). Conflicts between family members ☐

(ii). A family member's mental illness ☐

(iii). Financial problems ☐

(iv). Disagreements over money staring ☐

(v). Problems in School/College/University ☐

(vi). Difficulties between siblings ☐

(vii). Difficulties between cousins ☐

(viii). Children's behaviour problems ☐

(ix). Caring for a family member with special needs ☐

(x). Issues with extended family members ☐

(xi). A family member illness or a death in the family ☐

(xii). Infidelity ☐

(xiii). Separation or divorce ☐

(xiv). Planning for shared custody of children ☐

(xv). Change in family structure, as the result of a bereavement or illness ☐

(xvi). Children learning home ☐

(xvii). Ageing parents ☐

(xviii). Feeling alone in a family symptoms of slow withdrawal ☐

(xix). Drug addiction-Substance abuse ☐

(xx). Others Please mention:- .....

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