NEW HOPE CONTACT SHEET

CALLER _____ M / F

AGE [ ] under 21 [ ] 21-34 [ ] 35-49 [ ] 50-64 [ ] 65+

ADDRESS_____CITY_____STATE____

PHONE # (___)_____ ☐ Anonymous ☐ Out of Area

COUNSELOR _____ DATE _____

PHONE NAME _____

TIME _____ [ ]AM [ ]PM MINUTES USED _____

Type of Call : [ ] Counseling [ ] Prayer [ ] Teen [ ] Appreciation [ ] Complaint [ ] Frequent Caller

Identify Caller's Primary Problem(s)

1. [ ] Abuse & Violence
2. [ ] Addictions & Compulsions
3. [ ] Aging & Elder Care
4. [ ] Anxiety & Stress
5. [ ] Food, shelter, medicine
6. [ ] Children & Adolescents
7. [ ] Co-dependency
8. [ ] Crisis Intervention
9. [ ] Disability & Job Training
10. [ ] Divorce & Single Parents
11. [ ] Eating Disorders
12. [ ] Family, Marriage & Relationships
13. [ ] Financial Help
14. [ ] Grief
15. [ ] Health & Medical
16. [ ] Helping Others
17. [ ] Legal Help
18. [ ] Mental Health & Counseling
19. [ ] Pregnancy, Adoption, Abortion
20. [ ] Self-esteem
21. [ ] Sexuality
22. [ ] Spiritual & Churches
23. [ ] SUICIDAL

Reflecting Caller's Feeling(s)

[ ] Abandoned
[ ] Angry
[ ] Anxious
[ ] Ashamed
[ ] Bored
[ ] Confused
[ ] Depressed
[ ] Discouraged
[ ] Grief/Loss
[ ] Guilty
[ ] Hopeless
[ ] Lonely
[ ] Mistrustful
[ ] Obsessed
[ ] Overwhelmed
[ ] Physical pain
[ ] Rejected
[ ] Sad
[ ] Scared/Fear
[ ] Stressed
[ ] Stuck
[ ] Tired
[ ] Other: _____

Respond to Caller's Need(s)

[ ] Assess suicidality
[ ] Ask open-ended questions
[ ] Reflect feelings
[ ] Summarize
[ ] Brainstorm goals and plans
[ ] Reinforce positive steps
[ ] Prayer
[ ] Provide referral (list below)
[ ] Recommend resource (list below)
[ ] Share scripture (list below)
[ ] Set boundary (explain below)
[ ] Hang up Caller? Counselor?

What specifically did the caller need help with?

_____

_____

_____

_____

_____

_____

How was caller helped ? _____

What specific referral(s) did you make ?_____

How do you feel now?

SPECIAL HANDLING:

[ ] Urgent message from caller
[ ] Send materials _____

[ ] Staff follow-up requested

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