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PBC Counseling – Basic Information Questionnaire

NAME: _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. **What is the main problem(s), as you see it?**

2. **What have you done about it?**

3. **What are your expectations of us?**

4. **As you see yourself, what kind of person are you? Describe yourself.**

5. **Anything else we should know?**