

Today's Date: _____ Referred by: _____
Client Name: _____ Birth date: _____ Age: _____
Address: _____ Home phone: _____
_____ Work phone: _____

CURRENT PROBLEM

What brings you to counseling? Be as complete as possible within these lines:

Why have you decided to come at this time specifically? What has happened that makes you come now?

What would you like to change about yourself to make your situation better?

FAMILY INFORMATION

single partnered married widowed separated divorced

Name of spouse/significant other: _____ Age: _____

Do you have any children? _____ Does your partner have any children? _____

Do the children live with you and your partner? _____

Names and ages of children living with you or for which you are financially responsible?

Name of others living with you and relationship to you:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

EMPLOYMENT INFORMATION

Last grade completed: _____

Usual occupation: _____ How long? _____

Employer: _____ How long? _____

Have you ever been unable to work? _____ How long? _____ When? _____

How many jobs in the past 5 years? _____

Do you frequently miss work? _____

Did you serve in the military? _____ Years _____ Where _____

CHILDHOOD AND FAMILY HISTORY

What is your ethnic cultural and religious background? _____

List your brothers and sisters from oldest to youngest and their ages: _____

Did your parents lives together throughout your childhood? _____

If not, what happened and how old were you? _____

Number of times moved and at what age/s: _____

Grew up in: the city the suburbs the country

Special problems in the family: Disabled child Serious medical illness Death in the family

Hospitalizations Alcohol/drugs Parents fought Parent/s unemployed

Parents changed jobs a lot Legal problems Other _____

What were you like as a child?

Had problems learning in school

Got into trouble in school

Had problems with the law

Did you have any of these problems with your family? Felt like you didn't belong Fought with

your parents Isolated yourself from the family Physically abused Emotionally abused

Had too much responsibility Other _____

Take this few lines to describe your childhood and your relationship with your parents.

MEDICAL INFORMATION

Do you have any medical problems? _____ If you do, when did each problem start?

Medications taken previously	Dosage	When taken	Medication now taking	Dosage	When taken

PSYCHOLOGICAL HISTORY

Previous Counselor	From – to	Reason

Have you been hospitalized for psychiatric reasons? _____
 Where? When? Where? When

Non-prescription substances you use (d) including alcohol, caffeine, tobacco, amphetamines, cocaine, marijuana, heroin, or others:

Substance	Current amount & frequency	Past amount & frequency

Who else uses these substances in your house? What do they use?

PLANNING

What do you hope to gain for yourself out of your time utilizing this resource? Goals?
