

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 live 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?

---



---



---



---