



This form is intended to help your counselor become better acquainted with you, to better serve you. You may skip an item, but please be as thorough as possible. All information is confidential. Thank you.

Client Name _____ Date of Birth _____

Date _____ Referral to therapy by _____

PRESENTING PROBLEM/TREATMENT HISTORY

1. In the space below, please state why you are coming today.

2. When did this become a problem? In what ways have you attempted to cope with problem?

3. Please list history of previous counseling/psychotherapy including Age, Length of Treatment, Reason, Outcome.

4. In box below, please indicate any medications that you currently take.

Medicine	Dose	Reason	Effectiveness

5. Please list any other psychiatric medications you have taken in the past.

6. Please list any psychiatric hospitalizations, including age, length of stay, reason, and outcome.

SUBSTANCE USE

7. Please describe your use of any of the following substances

Alcohol

Tobacco

Marijuana

Cocaine

Hallucinogens

Other

HISTORY OF EMOTIONAL OR BEHAIORAL PROBLEMS

8. For each item below, please indicate with an X if you feel this has been a problem for you either currently, in the past, or both.

	Current	Past
Depression		
Anxiety		
Anxiety (around people)		
Attention		
Concentration		
Memory		
Anger		
Suicidal thoughts		
Cutting or other self harm		
Eating problems		
Body image concerns		
Aggressive Behavior		

	Current	Past
Unstable mood		
Unable to think clearly		
See/hear things not there		
Sexual abuse		
Physical abuse		
Emotional abuse		

Please give any information you wish about the above issues:

FAMILY INFORMATION

9. Parents: together ___ divorced ___ separated ___
never married ___ deceased ___ M F

10. Who did you grow up with?

11. List any siblings, including step and half siblings, and their ages

12. Describe your relationship with your mother growing up.

13. Describe your relationship with your father growing up.

14. Describe your relationship with adoptive or step-parents growing up.

15. How did you get along with your siblings?

16. Describe any familial losses or major changes (accidents, illness, job changes, moves, etc)

17. To the best of your knowledge has any biological relative, or anyone you lived with had a problem with the following

	Please Describe
Depression	
Anxiety	
Bipolar Disorder	
Schizophrenia	
Eating Disorder	
Attention	
Learning Problems	
Anger	
Aggression	
Substance Abuse	
Suicide	
Illegal Behavior	
Other:	

PERSONAL INFORMATION

18. Single ____ Married ____ With Partner ____ Seperated ____ Divorced ____
Widowed

19. Describe marital history or history of significant relationships

20. Do you have any children?

21. Are you employed?

22. Highest grade or level of training you achieved?

23. For each time period say a little about how you did school (grades, attitude, friend/peer relationships, activities, problems, accomplishments etc.)

Elementary:

Middle School:

High School:

College:

24. Please describe any military history.

25. Religious/spiritual orientation

26. Sexual orientation

27. Culture/ethnic identification

28. What do you consider to be your strengths?

29. Please tell us anything else that may be significant you understanding you.