

Client History, Concerns and Goals

Name of Client: _____ Date: _____

(If you have come for Couples Therapy, please fill out one form for each partner.)

Filled out by: _____ Relationship to Client: _____

Please fill in the following information as completely as possible. All information is covered by our confidentiality policy (see Office Policies). **Use the back of form as necessary.**

1) Describe what has happened recently that led you to seek counseling now. _____

2) Describe current concerns and symptoms. _____

3) Check the one response which best applies:

- (A) My current concerns and symptoms are:
- the continuation of a long-standing condition
 - a recent worsening of an on-going condition
 - the reoccurrence of a previous condition
 - significantly different from any previous condition
 - my first occurrence of any condition

- (B) My current symptoms developed:
- suddenly (less than four weeks)
 - gradually (one to several months)
 - very gradually (one to several years)

4) Medical History. Please list major injuries, illnesses or surgeries.

<u>Condition</u>	<u>Dates</u>	<u>Treatment</u>

5) Are you currently on any medication? yes no

<u>Medication</u>	<u>Dosage</u>	<u>Prescribing Physician</u>	<u>Date Started</u>

Allergies/Sensitivities to medications _____

6) Are there any psychiatric medications you have taken in the past (and are not currently taking):

<u>Medication</u>	<u>Dosage</u>	<u>Prescribing Physician</u>	<u>Date Started</u>

7) Please indicate any significant prenatal events and developmental history. _____

8) Please list other substances that you use. *Include amount and frequency.*

Alcohol _____	Heroin _____
Marijuana _____	Psychedelics _____
Caffeine _____	Methamphetamine _____
Tobacco (cigarettes, etc.) _____	Other _____

Client Name: _____

9) Have you been in psychotherapy or been hospitalized in a psychiatric facility? (Please list names of past therapists and hospitalizations, dates, and reason for treatment.) _____

10) Has anyone in your immediate or extended family had a psychiatric illness? Please list relationship and nature of illness. _____

11) Spouse/Significant Other: _____ Age: _____

Children (Please list names and ages): _____

Parents (Please list names and ages): _____

Describe your current family situation and relationship history.

12) Education: _____

13) Current employment and work history (summary). _____

14) Describe your relationship within your family of origin. Include parental substance abuse issues as well as other relevant life events. _____

15) Briefly describe your current support system (family, friends, organizations, self). _____

16) Briefly describe your strengths and weaknesses.

17) Please describe your goals for therapy.

A. _____

B. _____

C. _____

18) Do you have thoughts about hurting yourself or others? yes no

Please describe. _____