

CONFIDENTIAL

Name _____ Date _____

Present Address _____ Home phone _____
Number Street
 _____ Work phone _____
City State Zip _____ Cell phone _____

Presently living with: Parents Spouse Roommate Alone Other

Age _____ Sex _____ Birth Date _____ Social Security Number _____

Occupation _____ Total hours/week _____

Employed by _____ Phone _____

Marital Status (check one): Single Married Divorced Separated

Referred by _____
Name Address

Education - show highest level completed

Elementary School (give grade) _____ High School (give grade) _____ College _____
 Other (specify) _____

Religious Affiliation _____
Active Inactive

Relationship	Name	Age	Grade in school (last completed)	Occupation if out of school
Spouse	_____	_____	_____	_____
Child	_____	_____	_____	_____
Child	_____	_____	_____	_____
Child	_____	_____	_____	_____
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____

Are parents: Married Divorced Widowed

Relationship	Name	Age	Grade in school (last completed)	Occupation if out of school
Brother(s)	_____	_____	_____	_____
Sister(s)	_____	_____	_____	_____
Step-father	_____	_____	_____	_____
Step-mother	_____	_____	_____	_____
Step-brother(s)	_____	_____	_____	_____
Step-sister(s)	_____	_____	_____	_____

Have any of your family had counseling before? Yes No

If yes, for what? _____

Any history of drug or alcohol abuse? In your family? Yes No

If yes, please describe _____

Anything important that happened in your childhood that you think has affected your life? Yes No

If yes, please describe _____

Do you use alcohol or drugs? Yes No

If yes, please describe frequency and type _____

Have you ever had any physical problem that you feel has affected your life? Yes No

If yes, please describe _____

What medications are you presently taking? _____

Have you ever experienced any sexual difficulties? Yes No

If yes, please describe _____

Have you ever had counseling before? Yes No

If yes, please describe and list name of person(s) _____

How many hours of sleep do you get nightly? _____

Problem Areas: In the following list, please **CHECK** each item that identifies an area of concern to you, place **TWO CHECKS** by those items that are most important, and **CIRCLE** the main problems (you may add written comments on back of sheet).

Difficulty With:	Now	Past	Difficulty With:	Now	Past
Abuse			Marital		
Addictions (specify)			Memory		
Anger			Obsessive behavior		
Anxiety			Obsessive thoughts		
Blackouts			Parents		
Children			Physical problems		
Communication with others			Religious/Spiritual issues		
Concentration			Self harm		
Depression			Severe weight gain/loss		
Eating			Sexual problems		
Education			Sleep		
Family			Social relationships		
Fearful			Stress		
Financial			Substance abuse		
Guilt			Suicidal thoughts		
Headaches			Temper		
Homicidal thoughts			Trusting others		
Irritability			Work		
Legal issues			Worry		

In your own words, briefly describe the main problem that prompted you to seek counseling at this time.

Have there been times when the problem got better or disappeared? Yes No

If so, when? _____

What do you think helped? _____

Were there times when the problem was especially bad? Yes No

If so, when? _____

What made it bad? _____

Are there other people who play a major role in causing your problems? Yes No

Are there other people who play a major role in helping you to cope with your problems? Yes No

Explain briefly _____

Is there anything else which you believe it might be important for your counselor to know at this time?

What are you wanting from counseling? Your goals?

Please complete the following:

1. The most important thing to me is
2. I worry about
3. What I do best is
4. I have sometimes felt guilty about
5. I have been criticized for
6. What makes me angry is

7. My biggest mistakes were
8. My job
9. What makes me nervous is
10. My personality would be better if
11. I often felt that mother
12. Jesus Christ is
13. My temper
14. My childhood
15. Prayer is
16. My biggest disappointment
17. To me, sex is
18. I would be better liked if
19. I often felt that father
20. God to me is
21. My children (child) / (brothers and sisters)
22. Women are
23. What hurts me most is
24. My biggest problem in life is
25. Men are