

Client's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

First Visit Date \_\_\_\_\_ Dx \_\_\_\_\_

Presenting Complaint \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has this been an issue? What makes it worse? \_\_\_\_\_

\_\_\_\_\_

Previous Counseling/Mental Health Treatment: when-who-why? \_\_\_\_\_

\_\_\_\_\_

What worked/did not work? \_\_\_\_\_

Past/Current Medical Issues; Date Physical Exam \_\_\_\_\_

\_\_\_\_\_

Current Medications/Dosage/Reason \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Ideal Weight \_\_\_\_\_ Exercise? \_\_\_\_\_

Eating Habits/Routine \_\_\_\_\_

\_\_\_\_\_

Sleeping Habits/Patterns, Dreams \_\_\_\_\_

\_\_\_\_\_

Tobacco-Alcohol-Drug Use/History (Self/Family) \_\_\_\_\_

\_\_\_\_\_

Legal Concerns \_\_\_\_\_

Temper Habits/History \_\_\_\_\_

\_\_\_\_\_

Fears/Separation Anxiety/Worries \_\_\_\_\_

\_\_\_\_\_

Current Living Arrangement (names, relationships, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Housing/Neighborhood \_\_\_\_\_

Relationship History-Satisfaction/Family Dynamics \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sexual Issues \_\_\_\_\_

Education \_\_\_\_\_

Occupation/Satisfaction Level \_\_\_\_\_

Early Memories/Development \_\_\_\_\_

Family of Origin: Parents Married/Divorced, Relationship w/Siblings, Ages \_\_\_\_\_

Describe relationship with your mother \_\_\_\_\_

Describe relationship with your father \_\_\_\_\_

Methods of Discipline/Training/Teaching (from childhood and current) \_\_\_\_\_

Social/Recreational Patterns/Peer Relations \_\_\_\_\_

TV/Music Interests \_\_\_\_\_

Hobbies/Sports/Games \_\_\_\_\_

Faith Involvement \_\_\_\_\_

Strengths (Self/Family) \_\_\_\_\_

Weaknesses/Obstacles \_\_\_\_\_

Turning Points \_\_\_\_\_

Self-Description \_\_\_\_\_

Short-term Goals for Treatment

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Long-term Goals for Treatment

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**PLEASE CHECK ALL THAT APPLY & CIRCLE THE MAIN PROBLEM**

Difficulty With:	Now	Past	Difficulty With:	Now	Past	Difficulty With:	Now	Past
Anxiety			People in General			Nausea		
Depression			Parents			Abdominal Distress		
Mood Changes			Children			Fainting		
Anger or Temper			Marriage/Partnership			Dizziness		
Panic			Friend(s)			Diarrhea		
Fears			Co-Worker(s)			Shortness of Breath		
Irritability			Employer			Chest Pain		
Concentration			Finances			Lump in the Throat		
Headaches			Legal Problems			Sweating		
Loss of Memory			Sexual Problems			Heart Palpitations		
Excessive Worry			History of Child Abuse			Muscle Tension		
Feeling Manic			History of Sexual Abuse			Pain in Joints		
Trusting Others			Domestic Violence			Allergies		
Communicating with Others			Thoughts of Hurting Someone Else			Often Make Careless Mistakes		
Drugs			Thoughts/Actions of Hurting Self			Fidget Frequently		
Alcohol			Thoughts of Suicide			Speak Without Thinking		
Caffeine			Sleeping Too Much			Waiting Your Turn		
Frequent Vomiting			Sleeping Too Little			Completing Tasks		
Eating Problems			Falling Asleep			Paying Attention		
Extreme Weight Gain			Waking Too Early			Easily Distracted by Noises		
Extreme Weight Loss			Nightmares			Hyperactivity		
Blackouts			Head Injury			Chills or Hot Flashes		

**Family History Of:** (check all that apply)

Drug/Alcohol Problems		Physical Abuse		Depression	
Legal Trouble		Sexual Abuse		Anxiety	
Domestic Violence		Hyperactivity		Psychiatric Hospitalization	
Suicide		Learning Disabilities		"Nervous Breakdown"	

**Any additional information you would like to include:** \_\_\_\_\_

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