

**CLIENT INFORMATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Marital/Relational Status: \_\_\_\_\_ Partner/Spouse Name: \_\_\_\_\_

Children (Names and ages):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Others living in your home:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

**CLIENT CONTACT INFORMATION**

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

At which number(s) may I leave a message?  
\_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

*(Please continue on back)*

**PAST YEAR CHECKLIST**

Only respond to those areas that apply to you. Please rate the level of distress these issues have caused you in the past year:

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>None</b>	<b>Minor</b>	<b>Moderate</b>	<b>Considerable</b>	<b>Extreme</b>
_____ Sleeping too much/Too little				_____ Death/Major Loss
_____ Eating too much/Too little				_____ Past trauma
_____ Mood Swings				_____ Health Problems
_____ Angry Outbursts				_____ Sexual Problems
_____ Depression				_____ Relationship Problems
_____ Repetitive Behaviors				_____ Concerns regarding family
_____ Anxiety/Fear				_____ Education/Work Concerns
_____ Lack of energy				_____ Financial Concerns
_____ Hear/See things others cannot				_____ Legal Difficulties
_____ Suicidal Thoughts/Actions				_____ Major Life Transition
_____ Physical/Emotional/Sexual abuse				_____ Gender Identity Conflict
_____ Drug/Alcohol (self or other)				_____ Sexual Identity Conflict
_____ Loneliness				_____ Cultural Concerns
_____ Caring for others				_____ Religious Conflicts
_____ Distance from Loved Ones				_____ Experienced Discrimination

**EXPECTATIONS FOR THERAPY**

**What brings you to seek therapy now and what do you hope to gain?**

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**What are your concerns about therapy?**

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**Past experiences in counseling/therapy? Positive or Negative?**

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**MEDICAL AND MENTAL HEALTH TREATMENT INFORMATION**

**Please describe your physical and mental health including significant hospitalizations, illnesses, and/or medications.**

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**(over)**

Are you currently receiving other mental health services or medical treatments?

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**SAFETY ASSESSMENT**

Have you ever given serious consideration to, or attempted to end your own life?

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Last occurrence:

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If yes, do you currently feel this way? Do you have a plan?

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Have you ever given serious consideration to, or attempted to harm another person?

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Last occurrence:

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If yes, do you currently feel this way? Do you have a plan?

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**SUBSTANCE USE**

Do you currently use tobacco, alcohol, or other drugs?

Substance	How much and how often?	Past Use
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

(If applicable) When did/do you use the most:

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(over)

**Past substance abuse treatment?**

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**LEGAL HISTORY**

**Are you involved in the legal system or have you had significant legal issues in the past?**

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**FAMILY INFORMATION**

**Please give me a brief family history. Describe family of origin and your current family dynamics:**

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**RELATIONSHIPS WITH OTHERS**

**Please describe the important people in your life and the quality of these relationships:**

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**Have you now or ever experienced violence, abuse, or threatening behavior in a relationship?**

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**Do you have any concerns related to gender identity or sexual identity?**

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**TRAUMA HISTORY**

**Please list any past traumatic experiences you have had (including but not limited to childhood abuse, military combat, assault, natural disasters, life threatening illness).**

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**STRENGTHS AND RESOURCES**

**What helps you to make it through difficult times?**

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**Who can you count on for support in times of need?**

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**What gives you personal enjoyment?**

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**Tell me about special skills or abilities that you have:**

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**What communities are you a part of?**

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**Do you have religious practices or spiritual beliefs that are important to you?**

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(over)

**Please describe your cultural identity and how it is important to you:**

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**What else should I know?**

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**Additional Notes:**

