



The information supplied below is for the use of your counselor and will be kept confidential.
Complete as fully as possible, and return at least one day before your appointment.

IDENTIFICATION DATA

Your Name: _____ Date: _____

Address: _____

Email Address: _____ Ok to email? _____

Phone Number: _____ Ok to call or leave message? _____

Gender: _____ Birthdate: _____ Age: _____ Height: _____

Relationship Status: Single Dating Engaged Married Separated Divorced

Widowed

Education (give last grade completed): _____

Other training (list type and years): _____

Occupation: _____

Referred for counseling by: _____

PRESENTING CONCERNS AND GOALS

1. What is the main problem, as you see it (what brings you here)?

2. When did this problem begin?

3. What have you done about it?

4. What do you want us to do (what are your expectations in coming here)?

5. Is there any other information we should know?

GENERAL HEALTH BACKGROUND

Rate your physical health: Very Good Good Average Declining Other
(please explain below)

Your approximate weight: _____ Recent weight changes: Lost ____ Gained _____

List all important present or past illnesses, injuries, or handicaps: _____

Date of last medical examination: _____

Results of examination: _____

Your physician: _____ Address: _____

Have you used drugs for other than medical purposes? Yes No

(If yes, please describe)

Are you presently taking medication? Yes No

(If yes, please describe)

Have you ever had a severe emotional upset? Yes No

(If yes, please explain)

Have you ever had any psychotherapy or counseling? Yes No

(If yes, list counselor and therapist and dates)

What was the outcome of the counseling?

How many hours of sleep do you get each night? _____

MARRIAGE INFORMATION (If never married, skip.)

Name of spouse: _____ Spouse's occupation: _____

Is spouse willing to come for counseling? Yes No Uncertain

Have either of you ever filed for divorce? Yes No

Have you ever been separated? Yes No (If yes, when and for how long)

Date of this marriage: _____

Ages when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Length of steady dating w/spouse: _____ length of engagement: _____

Give brief information about any previous marriages:

Information about children: (* If from previous marriage)

Name	Age	Gender	Living? (yes/no)	Education (yrs.)	Marital Status
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FAMILY BACKGROUND

If you were reared by anyone other than your own parents, explain:

Answer this section describing your own parents or parent substitutes:

Still living (yes/no): Father - Yes No Mother - Yes No

Religious affiliation: Father _____ Mother _____

Occupation: Father _____ Mother _____

Rate parents' marriage: Unhappy Average Happy Very Happy

Rate your childhood: Unhappy Average Happy Very Happy How

many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

Have there been any deaths in your family during the last year? Yes No
(If yes, describe below)

SUICIDE RISK

Have you ever thought about, tried to hurt yourself or tried to end your life? NO YES If yes, please describe:

How many times? _____ How or what did you plan to do?

What were the circumstances at the time?

Have you ever engaged in self-harming behaviors such as cutting or burning? NO YES
If yes, please describe:

Do you have a plan to harm yourself? NO YES If yes, please describe:

Do you have access to the means to carry out your plan? NO YES If yes, please describe:

Has anyone close to you committed suicide? NO YES If yes, who, how and when:

Are you pessimistic about your future? NO YES If yes, please describe:

Have you ever been hospitalized for mental health treatment? NO YES Was it
voluntary? NO YES If yes, please describe:
