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HISTORY & ASSESSMENT
Adult

Client Name: _____

What are the concerns that led you to seek therapy and/or testing?

_____
_____

Describe the primary issue in more detail here:

_____
_____
_____
_____

How long have these problems been present?

_____

Where there any significant life events that occurred in your life, or your family's life, around the time when the problems began?

_____
_____

Briefly describe your family history (make up, significant events, trauma, abuse, etc.):

_____
_____
_____
_____
_____
_____
_____
_____

TREATMENT HISTORY:

Have you ever been to counseling before? If so, please explain below, including issues discussed, outcomes, feelings about counseling, etc.:

_____
_____
_____
_____
_____
_____

Have you been under the care of a Psychiatrist (medical doctor who prescribes meds)?
_____

If yes, Name of Psychiatrist and Dates of Treatment?
_____

Have you received a previous psychiatric/psychological diagnosis?
_____

If Yes, please list diagnoses here:
_____

Any psychosis past or present? If yes, please describe here:
_____
_____

Medical and Developmental History:

Current Medical Problems?
_____
_____

Please circle any of the following health issues that might apply, past or present. Then, place a checkmark by any issue that is current/ongoing:

Headaches
Nausea/Stomachaches
Meningitis or Encephalitis
High Fevers
Head Injury
Vision Problems
Dizziness
Speech Difficulty
Diabetes
Seizures
Cancer
Blank Spells
Heart Problems
High Blood Pressure
Overweight/obesity
Stroke

Please explain any yes answers from the medical history above:

_____
_____
_____

Present Medications

_____
_____

Has anyone in your family ever been hospitalized for an emotional illness or drug or alcohol problem? _____. If Yes, please explain?

_____
_____
_____

Has anyone in your family ever been incarcerated?_____. If yes, who, and for what?

_____
_____
_____

Major Life Events - Have you experienced any of the following in your life?

Significant Deaths	Yes	No
Violence in Family	Yes	No
Abuse in Family	Yes	No
Suicide	Yes	No
Medical Problems	Yes	No
Legal Problems	Yes	No
Financial Stressors	Yes	No
Addiction in Family	Yes	No

For any YES answers above, please describe in more detail here:

_____
_____
_____
_____
_____
_____
_____

Educational/vocational status:

Highest Level of Education:
_____

Current Job? _____ How long? _____

Any educational and/or vocational plans for the future:
_____
_____

Social Interaction:

Marital Status: Married _____ Divorced _____ Single _____

In a significant other relationship? _____ How long?_____

How would you describe/characterize/rate that relationship?
_____
_____

How often do you socialize with friends or family?
_____

Social Support/Family Support?
_____

Hobbies_____
_____
_____

Spiritual or religious preferences?
Any spiritual beliefs that are important to you? Describe (optional, based upon whether such is relevant for you and the current concerns that brought you here):
_____
_____
_____

Describe your physical health. How often do you get physical exercise? Rate your nutrition:
_____
_____
_____
_____

Please rate all of the following in terms of your experience of it, at any point in your life. Then, place a checkmark by any issue that you feel is relevant to your life NOW, and which could be a possible topic to address via counseling and/or testing:

Never Rarely Sometimes Often Always
0 1 2 3 4 5 6 7 8 9 10

____Abuse, Emotional (victim)
____Abuse, Emotional (perpetrator)
____Abuse, Physical (victim)
____Abuse, Physical (perpetrator)
____Abuse, Sexual (victim)
____Abuse, Sexual (perpetrator)
____Aggressive behavior
____Alcohol abuse
____Anger problems
____Anxiety
____Attention issues
____Bullying (victim)
____Bullying (perpetrator)
____Career concerns
____Codependence
____Confusion
____Compulsions
____Cruelty to animals
____Cruelty to people
____Crying spells
____Decision making
____Delusions
____Depression
____Divorce
____Drug use
____Eating problems
____Family issues (childhood)
____Financial worry
____Gambling
____Grief
____Goals issues
____Guilt
____Hallucinations
____Homicidal thoughts
____Hormonal issues
____Impulsivity
____Lack motivation
____Medical problems
____Memory concerns
____Mood swings
____Obsessions
____Panic Attacks
____Procrastination
____PTSD
____Relationship problems
____School issues
____Self Esteem issues
____Sexual issues
____Sleep problems
____Social Skills problems
____Stress
____Suicidal thoughts
____Weight concerns
____Work problems

Please list any other issues here, if not listed above:

_____
_____

For any check-marked items above, please describe in a little more detail here:

_____
_____
_____
_____
_____
_____

Please rate the following on a 0–10scale, where 0 = not at all, and 10 = very much so.

____I was very close with my mother and had/have a good relationship with her.

____I was very close with my father and had/have a good relationship with him.

____I was very close with my siblings and had/have a good relationship with them.

____My childhood was very good, all around.

____I have several good friends.

____I sleep well at night.

____I have nightmares.

____I enjoy spending time alone.

____I have a tendency to agree with other people to avoid confrontation.

____I don't like being around other people.

____I like myself.

____I have a healthy interest in sex.

____I have a healthy self-esteem.

____I am confused about my identity.

____I put the needs/wants of others ahead of my own, even when it is inconvenient.

____I think I am responsible for the way others feel and their behaviors.

____I think I might have an alcohol or drug problem.

____I am bothered by thoughts of harming or killing myself.

____I am suicidal now.

____I have a problem saying "no".

____I let other people influence my feelings too much.

____I get along with my spouse/significant other well.

____I am happy and content with where my life is right now.