

**Client History, Concerns and Goals**

Name of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Relation to Client: \_\_\_\_\_

Please fill in the following information as completely as possible. All information is covered by our confidentiality policy (see attached office policies). Use the back of form as necessary.

1. Describe what has happened recently that led you to seek counseling now.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Describe current concerns and symptoms.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Check the one response which best applies:

<b>My current concerns and symptoms are:</b>	
<input type="checkbox"/> the continuation of a long-standing condition	<input type="checkbox"/> significantly different from any previous condition
<input type="checkbox"/> a recent worsening of an ongoing condition	<input type="checkbox"/> my first occurrence of any condition
<input type="checkbox"/> the reoccurrence of a previous condition	

4. **Medical History.** Please list major injuries, illnesses or surgeries.

Condition	Dates	Treatment

5. Are you currently on any medication?  Yes  No

Medication	Dosage	Prescribing Physician	Date Started

6. Any psychiatric medications you have taken in the past (and are not currently taking):

Medication	Dosage	Prescribing Physician	Date Started

7. Please list other substances that you use. Include amount and frequency.

Alcohol	Heroin
Marijuana	Psychedelics
Caffeine	Methamphetamine
Tobacco (cigarettes, etc.)	Other

8. Have you been in psychotherapy or been hospitalized in a psychiatric facility? (Please list names of past therapists and hospitalizations, dates, and reason for treatment.)

\_\_\_\_\_

9. Has anyone in your immediate or extended family had a psychiatric illness? (Please list relationship and reason for treatment).

\_\_\_\_\_

10. Describe your current family situation and relationship history.

\_\_\_\_\_

11. Education: \_\_\_\_\_

12. Current employment and work history (summary).

\_\_\_\_\_

13. Describe your relationship within your family of origin. Include parental substance abuse issues as well as other relevant life events.

\_\_\_\_\_

14. Briefly describe your current support system (family, friends, organizations, self).

\_\_\_\_\_

15. Briefly describe your strengths and weaknesses.

\_\_\_\_\_

16. Please describe your goals for therapy.

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

17. Do you have thoughts about hurting yourself or others?  Yes  No Please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

