

Client History Form

This form is optional and will help with the initial intake. You do not have to answer all the questions below. However, doing so will help you to start thinking about these things and what is most relevant for our work together.

What made you contact me? – Use the back for more detail if handwriting

Why are you seeking counseling at this time?

What do you want to have accomplished or want to be different upon completing our work together?

1. _____
2. _____
3. _____

When did your current challenge(s) start? _____

What **triggering events** brought them on?

How severe are your challenge(s)? Mild Moderate Severe Very Severe
How frequently?

How do they affect your daily life?

Current stressors that make things worse:

What helps you feel better (alleviates your symptoms)?

What do you see as your main strengths? (How would your friends and family comment?)

What do you see as your main challenges? (How would your friends and family comment?)

What do you most want to change?

Health – Use the back for more detail if handwriting

Current/previous psychotherapy (give name(s), dates, duration, kind of therapy and outcome):

Please describe any negative experience with a former therapist or psychiatrist:

Have you ever been hospitalized for a psychiatric problem? If yes, please give details:

Do you currently or have you ever had thoughts of harming yourself or others? Please explain and give dates.

Current health (include any medical problems): **Circle one:** poor fair good excellent

Current/Chronic health problems:

Current prescribed **medications, herbal supplements**, or homeopathic **remedies**:

Current complementary treatments (acupuncture, massage, etc.):

History of **motor vehicle** or physical injury? Describe.

History of being **assaulted**? Describe.

History of **surgeries** or visits to **emergency room**? Difficult **dental procedures**? Describe

Describe **your weekly physical activity**.

What do you **smoke, drink or use that is mind altering**? How about in the past?

How's your **sleep**? Do you wake up refreshed? Have regular bed and rising time?

What **illnesses** run in your family?

Name and phone no. of your primary care physician:

Name and phone no. of psychiatrist, psychotherapist, and/or other significant health care providers:

Family & Growing up – Use the back for more detail if handwriting

Describe Your **Current & Past Relationships**.

Marriages & long term relationships. Please list each one and how long they lasted. What caused a breakup if there was one?

Does anyone in your family currently or in the past have any mental health or psychiatric issues?

If anyone has **attempted or completed suicide in your family**, please describe.

Did any member of your immediate or extended family suffer from alcoholism, depression, anxiety, panic attacks, or anything that might be considered a "mental disorder"? _____ If yes, please provide details:

Who do you live with currently?

Siblings: Number of Brothers: _____ Brothers' Ages: _____
Number of Sisters: _____ Sisters' Ages: _____
If deceased, name/age at time of death: _____ Your age then: _____
If deceased, name/age at time of death: _____ Your age then: _____
Your sibling order: _____
Father: Occupation: _____ Health: _____ Age: _____
If deceased, age, year of death _____ Your age then: _____
Cause of Death: _____
Mother: Occupation: _____ Health: _____ Age: _____
If deceased, age, year of death: _____ our age then: _____
Cause of Death: _____
Children: Number of Children: _____ Their Ages/Gender: _____
If deceased, name/age at time of death: _____ Your age then: _____

Challenging relationships and supportive relationships currently.

Which of the following apply to your childhood/adolescence:

- | | |
|--|--|
| <input type="checkbox"/> happy childhood | <input type="checkbox"/> school problems |
| <input type="checkbox"/> unhappy childhood | <input type="checkbox"/> family problems |
| <input type="checkbox"/> emotional/behavior problems | <input type="checkbox"/> medical problems |
| <input type="checkbox"/> legal trouble | <input type="checkbox"/> drug/alcohol use |
| <input type="checkbox"/> strong religious upbringing | <input type="checkbox"/> teased or bullied |
| <input type="checkbox"/> supportive parents | <input type="checkbox"/> friendly neighbors |
| <input type="checkbox"/> supportive siblings | <input type="checkbox"/> safe and secure neighborhood |
| <input type="checkbox"/> enjoyed school | <input type="checkbox"/> unsafe and dangerous neighborhood |

Describe any **losses** you've experienced including pets, family, relationships, job, financial, opportunity.

What events or conditions were important in your **childhood and teenage years** that made life harder for you or easier for you? For example, how often you **moved, bullying, illnesses, parents with mental health problems**. If your parents **divorced** how did it affect you? If you experienced **abuse or neglect**, what happened and how did you manage?

What was **school** like for you? How far did you get in school?

What **spiritual or religious practice** did you grow up with? Do you have a spiritual or religious practice now? Please describe.

Leisure and recreation

What do you do for **fun**?

What **actives have you let go of** that you used to enjoy?

Work and Money– Use the back for more detail if handwriting

What have you done for **work**? What did you most enjoy? Least enjoy? What kind of work do you do now, if you work?

How would you **rate the stress level** of your job if you are working currently?

If you have served in the **military**, please list the dates and what it was like for you. Did you see active duty?

How do you **manage money**? Do you have enough to meet your bills each month? Are you able to save and plan for retirement?

Legal Issues

What legal issues have you faced such as lawsuits, mediation, custody, divorce or jail? How did it work out? Do you have any current issues?

Well-Being – Use the back for more detail if handwriting

What makes you **sad**?

Have you ever been so sad you **thought of harming yourself** or **taking your life**? Please tell me about this.

What makes you **angry**?

Have you ever been so angry you seriously **thought of harming someone**? Have harmed someone? Please describe.

What makes you **happy**?

What do you **worry** about?

What **thoughts** go through your mind most often?

What are your **hopes and dreams**?

What sorts of therapy or leisure activity have **increased your sense of well being**?

What else? – Use the back for more detail if handwriting

What else would you like to express? Or like me to be aware of?