



COUNSELING CONCERNS

Presenting Problem(s)

Academic/Educational Concerns	Thoughts of Suicide
Anger/Temper	Sexual Concerns
Anxiety Problems	Excessive Worrying
Career Related Difficulties	Feeling Unhappy most of the time
Feelings of Depression	Job Related Issues
Family Problems	Rape
Marital/Couple Problems	Incest
Problems Social Relationships	Fearfulness
Trouble Making Decisions	Religious/Spiritual
Physical Problems	Problem with Children
Financial Worries	Legal Difficulties
Concerns about Weight	

Is there anything else that you believe might be important for your counselor to know?

In the Past, have you ever been the victim of or witnessed any type of traumatic incident? If yes explain:

Previous Psychotherapy - give approximate dates, duration and therapist name

Medical History

Primary Physician _____

Last Visit _____



List any ongoing health issues

Current Medications

Supplements/Vitamins/Herbal medications

Hospitalization History (including mental health issues)

Have you ever had a head injury?	Yes	No
Have you ever had a seizure?	Yes	No
Have you ever had a stroke?	Yes	No

Substance Use History
(Check all that apply. Indicate previous and/or current, frequency and quantity)

Caffeine (e.g., colas, coffee, tea, etc.)

Tobacco

Alcohol

Marijuana

Psychedelics

Cocaine

Opiates



Others

Family Mental Health/Medical History
(Check all that apply. Indicate which family member)

Depression

Anxiety

Panic attacks

Phobias

Mania/Bipolar disorder

Psychosis

Dementia

Alcohol/Substance Abuse

Physical Health Issues

Developmental and Social History

Place of Birth _____

Where were you raised? _____

Please note any important information about the following events in your life:

Did you begin walking at an appropriate age?	Yes	No
Did you begin talking at an appropriate age?	Yes	No
Did you toilet train at an appropriate age?	Yes	No



What's the earliest recollection you have? What was/is the feeling about this recollection?

What do you remember about starting school?

What was puberty like for you?

What was your role in high school (e.g., "leader," "follower," "loner," etc

What level of education have you attained (circle highest and list area of study, if applicable)?

GED	Bachelor's Degree _____
High School Diploma	Some Graduate Studies _____
Some College	Graduate Degree _____
Associate Degree _____	Doctoral Degree _____

Have you ever been arrested for any reason? Please list charge, dates, and outcomes:

Family History

List your siblings from oldest to youngest. Include yourself in the order. Use the back of this page if you require more room.

Name _____	Current age _____

While you were growing up did you experience any of the following traumas?

Neglect or abandonment	Yes	No
Emotional abuse	Yes	No
Physical abuse	Yes	No
Sexual abuse	Yes	No
Violence in your home	Yes	No



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COMPLETELY **P**SYCHED

It is time to step outside of your box.

Divorce of parents	Yes	No
Crime	Yes	No
War	Yes	No

Client/Guardian signature

Date