

CLIENT'S NAME: _____ AGE: _____

OCCUPATION: _____

By whom were you referred? _____

Who presently lives with you? _____

Marital status: (circle one) Single Engaged Married Separated Divorced Widowed

If married, how many times? _____

Do you live in a house, hotel room, apartment, etc? _____

CLINICAL:

1. State in your own words the nature of your main problems and their duration:

2. Give a brief account of the history and development of your complaints (from onset to present):

3. On scale below please estimate the severity of your problems:

Mildly Upsetting Moderately Severe Very Severe Extremely Severe Totally Incapacitating

4. With whom have you previously consulted about your present problems?

OCCUPATIONAL:

1. What sort of work are you doing now?

2. What sort of work have you done in the past?

3. Does your present work satisfy you? (If not, why are you dissatisfied?)

4. Ambitions:

Past: _____

Present: _____

PERSONAL DATA:

1. Date of birth: _____ Place of birth: _____

Mother's condition during pregnancy (if known:) _____

2. Underline any of the following that applied during your childhood:

Night Terrors	Bed Wetting	Sleepwalking	Thumb-sucking	Fears
Nail-biting	Stammering	Happy Childhood	Unhappy Childhood	

3. Health during childhood (List illnesses):

4. Health during adolescence (List illnesses):

5. What is your height? _____ Your weight: _____

6. Any surgical operations? (Please list them and give age at time)

7. When were you last examined by a doctor? _____

8. Any accidents? _____

9. List five main fears:

1. _____
2. _____
3. _____
4. _____
5. _____

10. Underline any of the following that apply to you:

Headaches	Financial problems	Fainting	Dislike vacations
Palpitations	Can't make friends	No appetite	Stomach trouble
Dizziness	Suicidal ideas	Panicky	Insomnia
Rambunctious	Nightmares	Fatigue	Can't keep a job
Alcoholism	Take sedatives	Feel tense	Unable to relax
Tremors	Bowel Disturbance	Shy	Depressed
Disoriented	Difficulty concentrating	Take drugs	Dislike weekends
Memory Problems	Can't make a decision	Sexual problems	Unable to have a good time

11. Underline any of the following words, which apply to you:

Worthless	Useless	A 'nobody'	Life feels empty
Inadequate	Stupid	Incompetent	Naïve
Guilty	Evil	Assertive	Anxious
Morally wrong	Full of hate	Hostile	Horrible thoughts
Agitated	Cowardly	Unassertive	Panicky
Aggressive	Ugly	Deformed	Unattractive
Depressed	Unloved	Misunderstood	Bored
Restless	Confused	Unconfident	In conflict
Full of regrets	Worthwhile	Sympathetic	Intelligent
Attractive	Confident	Considerate	'can't do the right thing'

OTHER AREAS:

1. Present hobbies, interests, and activities:

2. How is most of your free time occupied?

3. What is the last grade of school you completed?

4. Scholastic abilities; strengths and weaknesses:

5. Were you ever bullied or severely teased?

6. Do you make friends easily? Do you keep them?

FAMILY DATA:

1. Father:

Living or deceased? _____ Cause of death: _____

If deceased, your age at the time of his death? _____

If alive, father's present age: _____ Occupation: _____

Health: _____

2. Mother:

Living or deceased? _____ Cause of death: _____

If deceased, your age at the time of her death? _____

If alive, mother's present age: _____ Occupation: _____

Health: _____

3. Give a description of your father's/ mother's personality and attitude towards you (past and present):

4. In what ways were you punished by your parents as a child?

5. Give an impression of your home atmosphere (the home in which you grew up). Mention state of compatibility between parents and between parents and children.

6. Were you able to confide in your parents?

7. If you have a stepparent, give your age when parent remarried:

8. Give an outline of your religious training:

9. If you were not brought up by your parents, who did bring you up, and between what years?

10. Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation, etc.?

11. Who are the most important people in your life?

12. Does any of your family suffer from alcoholism, epilepsy, or anything, which can be considered a "mental disorder"? Give details.

13. Recount any fearful or distressing experience not previously mentioned:

14. List the benefits you hope to derive from therapy.

15. List any situations, which make you feel calm and relaxed.'

16. Please add any information not mentioned by this questionnaire that may aid your therapist in understanding and helping you.

SELF-DESCRIPTION:

Please complete the following:

I am now feeling_____

One of the things I feel proud of is_____

One of the things I feel guilty about is_____

I am happiest when_____

One of the things that saddens me the most is_____

If I weren't afraid to be myself, I might_____

I get so angry when_____

If I get angry with you_____

I am_____

I am_____

I feel_____

I feel_____

I think_____

I think_____

I wish_____

I wish_____

EXPECTATIONS REGARDING THERAPY:

In a few words what do you think therapy is all about:

How long do you think your therapy should last?

How do you think a therapist should interact with his or her clients? What personal qualities do you think the ideal therapist should possess?

I am a person who _____

All my life _____

Ever since I was a child _____

It's hard for me to admit _____

One of the things I can't forgive is _____

A good thing about having problems is _____

The bad thing about growing up is _____

One of the ways I could help myself but don't is _____

Yes, I am interested in receiving more information about (please circle which apply):

- Relationship Struggles
- Marriage and Relationships
- Divorce Recovery
- Family Issues
- Teen and Young Adult
- Eating and Nutrition
- Anxiety
- Depression
- Individual Life Planning

- School Issues and Struggles
- Career Counseling
- Academic Counseling
- Stress and Anger
- Self Harm and Cutting
- Financial Struggles
- Drug and Alcohol
- Addiction

Thank you!!!