Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The information you provide will help in the planning of your counseling.*

**PROBLEM**

1. PROBLEM DESCRIPTION: Briefly **describe the problem or situation** that brought you here?

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

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2. Approximately **how long** have you had this issue? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. In what ways have you attempted to **address** this issue?

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

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**FAMILY BACKGROUND**

1. ***Family Members Relationship Age Occupation Past /Present Problems Year***

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

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2. Have you personally experienced significant **family abuse**?

□None □Unsure □Emotional □Physical □Sexual □Verbal By Whom?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Have you personally experienced **legal problems**? □Yes □No

4. Did you experience learning **problems** in elementary or high school? (Check one):

□None □Little □Some □Substantial □Lots □Constant Struggle

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. In general, how **happy or adjusted** were you growing up? (Check one):

□Poor □Unsatisfactory □About average □Substantial □Completely

6. How much is your immediate family a source of **emotional support** for you? (Check one):

□None □Little □Somewhat □Substantial □Very Strong

7. How much **conflict in values** do you currently experience with your parents? (Check one):

□Very Little or None □Some Moderate □Strong Extreme

8. Who in your family do you currently **feel closest** to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Most **distant** from?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In most **conflict** with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH AND SOCIAL ISSUES**

1. How is your **physical health** at present?

□Poor □Unsatisfactory □ Satisfactory □Good □Very good

2. Please list any persistent physical symptoms or health concerns (chronic pain, headaches, hypertension, diabetes, etc.

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

3. Are you currently taking prescribed antidepressant, psychiatric or other medication? □ Yes □ No

If yes, what are you taking & the dose? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been prescribed psychiatric medication? □ Yes □ No

Are you presently taking any other **prescribed medication**? □ Yes □ No

Medication & Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Are you having any problems with your **sleep habits**? □ Yes □ No (If yes, check where applicable):

□ Sleeping Too Little □ Sleeping Too Much □ Poor Quality Sleep □ Disturbing Dreams □Other

5. Times per week do you **exercise**? \_\_\_\_\_\_\_\_\_\_\_\_ How long each time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Are you having any difficulty with **appetite or eating habits**? □ Yes □ No

If yes, check where applicable: □ Eating less □ Eating more □ Binging □ Restricting

Weight change in last 2 months? □ Yes □ No If yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Do you regularly use **alcohol**? □ Yes □ No

In a typical month, how often do you have 4 or more drinks in a 24 hour period? \_\_\_\_\_\_\_\_\_\_

Do you consider your alcohol consumption a problem? □ Yes □ No □Unsure

8. How often do you engage **recreational drug use**? □Never □Rarely □Monthly □Weekly □Daily

Do you consider this drug use a problem? □ Yes □ No □ Unsure

9. Do you have any problems or worries about **sexual functioning**? □Yes □No

If yes, check where applicable: □Lack of Desire □Performance Problem □Sexual Impulsiveness

□Difficulties Maintaining Arousal □Worried about Sexually Transmitted Disease □Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Have you ever experienced **sexual assault, unwanted sex or uncomfortable touching**?

□Unsure □Never □Once □A Few Times □Frequently

11. Have you had **suicidal thoughts** recently? □Never □Rarely □Sometimes □Frequently

Have you had them in the past? □Never □Rarely □Sometimes □Frequently

12. Have you ever intentionally **inflicted any harm upon yourself**? □Yes □No □Unsure

13. In the past, how would you rate the quality of your **peer relationships**?

□Excellent □Good □About Average □Unsatisfactory □Very Poor

14. Besides family members, approximately how many people can you really count on right now for **friendship or emotional support**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. How would you describe your **work/school life**? □Poor □Unsatisfactory □About Average □Good □Excellent

16. List your most dominant **positive thoughts** about yourself. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. List your most dominant **negative thoughts** about yourself. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Anything else you want to say or want me to know?

**PRIOR COUNSELING**

1. Have you been in counseling before? □Yes □No
2. Was it a positive experience? □Yes □No □Unsure
3. Why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What are you looking for in a counselor?

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

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5. What do you hope to achieve in counseling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ACADEMIC BACKGROUND**

Highest Educational Level\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAITH PRACTICE**

1. **Faith preference** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are you currently active in your faith practice?

□Yes □No □Somewhat

3. Place of Worship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Would like prayer in the sessions?

□Yes □No □Unsure □I would like to talk about it with you.

How would you describe yourself and your family using your own words?

1.2018