

Client Information and Assessment

Today's Date: _____

Name: _____

Spouse/Parent: _____

Address: _____

Address: _____

Phone: Home _____ Work _____

Phone: Home _____ Work _____

DOB: _____ Age _____

DOB: _____ Age _____

SSN: _____

SSN: _____

Marital Status: _____ How long? _____

Marital Status: _____ How long? _____

Previous marriages: _____

Previous marriages: _____

Names and ages of children: _____

Names and ages of children: _____

Last grade completed: _____

Last grade completed: _____

Military experience: _____

Military experience: _____

Religious affiliation/church: _____

Religious affiliation/church: _____

Community organizations/activities: _____

Household Members:

Name	Age	Relationship to client

Names of brothers and sisters: _____

Previous treatment: When: _____ With whom: _____

How is your health? Poor Fair Good Excellent

When was your last physical exam or doctor visit? _____

Current medications:

_____ mg _____ times per day
_____ mg _____ times per day
_____ mg _____ times per day

Prescribing physician: _____ Phone: _____

Address: _____

Previous hospitalizations: _____

Reason: _____

Primary-Care Physician: _____

Address: _____

Chemical use: Yes/No

Alcohol _____	Quantity: _____	per day _____	per month _____	age began _____
Drugs _____	Quantity: _____	per day _____	per month _____	age began _____
Tobacco _____	Quantity: _____	per day _____	per month _____	age began _____
Caffeine _____	Quantity: _____	per day _____	per month _____	age began _____
Other: _____	Quantity: _____	per day _____	per month _____	age began _____

Describe in your own words the problem(s) or concern(s) to address while coming here:

How long have you had this problem(s) and how have you tried to solve it?

Using the scale below, please answer the following questions:

0 1 2 3 4 5 6 7 8 9 10
Not serious Slightly serious Moderate Very serious Extremely serious

How would you rate the seriousness of your present situation?

Now_____ six months ago_____ Year ago_____

State briefly what you were told or know about your birth:

Describe your mother (you may use adjectives, phrases or sentences): _____

Describe your father (you may use adjectives, phrases or sentences): _____

Describe briefly your parents' relationship when you were growing up: _____

How did your mother react when things got tough? _____

How did your father react when things got tough? _____

If you are married, briefly characterize your spouse: _____

If you are in a committed relationship, briefly characterize your partner:

List problem areas in your relationship: _____

List three words to help describe yourself:

_____ **Explain:** _____

_____ **Explain:** _____

_____ **Explain:** _____

What do like least about yourself?

If your fondest dreams and hopes come true, what would you be doing five years from now?

If your worst fears came true, what would you be doing five years from now? _____

What emotions do you feel most often? _____

What kinds of feelings bother you the most? _____

Who is causing your trouble? _____

Do you want to get away from anything or anyone? _____

The happiest time of my life was:

What is your favorite childhood story? _____

How did it end? _____

What about yourself do you want to change while working with me? _____

How have you blocked or stopped yourself from making these changes? _____

Are you ready to make that change now? _____
