

**NAME:**

**DATE:**

CURRENT STATUS:

Identified Problem(s) / Reasons You are Seeking Counseling:

- 1.
- 2.
- 3.

Short History of Problem (i.e. How long has this been a problem? What was happening when it started? How has the problem changed over time?)

- 1.
- 2.
- 3.

What are your goals for therapy? (i.e. How will you know when your therapy has been successful?)

Mood & Emotional Health:

How would you rate your mood today on a scale of 1 to 10? (10 is the best): \_\_\_\_

In the last week overall, how would you rate your mood 1 to 10?

In the last month? \_\_\_\_

Please describe any counseling or mental health treatment in which you have previously participated:

Spirituality:

What gives you a sense of purpose and direction in life?

How would you describe your relationship with God or a Higher Power? What do you do to help you connect with your Higher Power?

Sexuality:

Please rate your degree of sexual attraction 0 to 10? (10 meaning “very strong attraction”) Male \_\_\_ / female \_\_\_ Please elaborate briefly if you would like:

If you have a sexual partner, how satisfactory would you rate your sexual relationship? (Please rate 1-10 with 10 being “completely satisfied”): \_\_\_\_ Please elaborate briefly if you would like:

How much control do you feel you have over your sexual urges, thoughts, and behaviors? (Please rate 1- 10 with 10 being the most control): \_\_\_\_ Please elaborate if you would like:

Social / Interpersonal:

Who do you feel close to among family? Friends? Co-workers or fellow students?

Who do you turn to when challenges arise? Why?

Environmental:

Please describe your current living situation:

How about your work or learning environment?

Biological and Medical:

Current Medical Concerns:

Recent Medical Treatment (last 5 yrs):

Past medical treatment (longer than 5 yrs ago):

Psychiatrist (if applicable):

Please list any current medications with dosages, and how long you have taken each:

Personal Lifestyle Habits:

Please describe your typical eating / nutritional habits and any fluctuations in your eating habits:

Please describe your recent and current exercise habits:

Please describe your recent / current sleep habits:

What do you do in your leisure time? How often?

What are your talents and strengths?

Please describe any current or past, *non-prescription* (legal or illegal) substance:

Please describe any other unwanted or self-defeating behaviors, habits, etc:

PERSONAL HISTORY:

Please describe your relationships with your parents and siblings up until now:

Please describe your other social relationships up until now:

Please describe your educational, occupational, and legal history up until now:

What have been the “high points” in your life?

The low points?

Have you experienced – or witnessed -- any abuse or neglect (sexual, physical, or emotional)?  
Y / N Please describe:

Please share anything else that you would like me to know about you, or any questions you have for me: