

If married, partner's name, age, occupation?

Give brief details of previous relationships:

Children? (Y/N) _____ How many? _____

Any significant problems with the children? _____

Names, ages, genders: _____

Any history of abuse (emotional, physical, sexual) in current of previous relationships : _____

Role of religion and/or spirituality in your life:

• In childhood _____

• As an adult _____

Clinical

• State in your words the nature of your main problems and how long they have been present:

• Give a brief history and development of your complaints (from onset to present):

• On the scale below please check the severity of your problem(s): __ mildly upsetting __
extremely severe __ moderately severe __ totally incapacitating __ very severe

• Whom have you previously consulted about your present problem(s)?

Are you taking any medications? If “yes”, what, how much, and with what results?

Personal Data

Health during childhood? List illnesses: _____

Health during adolescence? List illnesses: _____

Your weight? _____

Any drastic changes with your weight? _____

Any surgical operations? (please list them and give the age at the time _____

Any accidents: _____

Circle or underline any of the following that apply to you:

Headaches | Palpitations | Bowel Disturbances | Anger | Nightmares | Feel tense | Depressed |
Unable to relax | Don't like weekends or vacations | Can't make friends | Can't keep a job |
Financial problems | Excessive sweating | Dizziness | Stomach trouble | Fatigue | Take sedatives |
Feel panicky | Conflict | Suicidal ideas | Sexual problems | Overambitious | Inferiority feelings |
Memory problems | Lonely | Use aspirin or painkillers often | Fainting spells | Anxiety |
No appetite | Feel cold a lot | Insomnia | Alcoholism | Tremors | Take drugs | Allergies |
Shy with people | Can't make decisions | Home conditions bad | Unable to have a good time |
Concentration difficulties

Is there a family history of mental illness? If so please indicate who and what their illness was.

Any family history of drug and/or alcohol use? Who?

List your five main fears:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Present interests, hobbies and activities _____

How is most of your free time occupied? _____

Do you belong to any clubs organizations? _____

Were you ever bullied or severely teased? _____

Do you make friends easily? _____

Do you keep your friends? _____

Educational history

What is the last grade of school that you completed? _____

Scholastic abilities: strengths and weaknesses? _____

Describe your school experiences. _____

Were there any problems with truancy, suspensions, special education, vocational training, etc.?

Occupational Data

What sort of work are you doing now? _____

List previous jobs.

Does your present work satisfy you? (If not, in what ways are you dissatisfied?)

Do you experience worry or stress over your finances? _____

Ambitions/Goals: (Past) _____

(Present) _____

If on a leave of absence or disability, will you return to your present job?

Marital History

How long did you know your marriage partner before engagement?

How long have you been married

How long have you been in a common-law relationship

Partner's age & Occupation

Describe the personality of your partner (in your own words)

In what areas is there compatibility?

In what areas is there incompatibility?

How do you get along with your in-laws? (This includes brothers and sister's-in-law)

Any history of miscarriages or abortions?

Comments about any previous marriage(s) and brief details:

Family Data

Father:

Living or deceased? _____

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

Cause of death. _____

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

Health: _____

Mother:

Living or deceased? _____

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

Cause of death. _____

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

Health: _____

Siblings? _____ Numbers of brothers: _____ Ages: _____

Numbers of sisters: _____ Ages: _____

Relationship(s) with brothers and sisters:

(Past) _____

(Present) _____

Give a description of your father's personality and his attitude toward you (past and present)

Give a description of your mother's personality and her attitude toward you (past and present)

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

Give impressions of your home atmosphere (i.e. the home in which you grew up, including compatibility between parents and between parents and children).

Were you able to confide in your parents?

Did your parents understand you?

Basically, did you feel loved and respected by your parents?

If you have a step-parent, give your age when your parent remarried:

Describe your religious training:

If you weren't raised by your biological parents: who raised you and between what years?

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

Who are the most important people in your life?

Does any member of your family suffer from alcoholism, epilepsy, or anything which can be considered a “mental disorder”?

Are there any other members of the family about whom information regarding illness, etc., is relevant?

Recount any fearful or distressing experiences not previously mentioned?

General

What do you expect to accomplish from counselling and/or therapy, and how long do you expect counselling and/or therapy to last?

List any situations, which make you feel calm or relaxed

Have you ever lost control (e.g. temper or crying or aggression)? If so, please describe.

Please add any information that may aid me in understanding and helping you.
