## COMPREHENSIVE DIAGNOSTIC ASSESSMENT/INTAKE

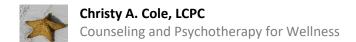
1.

	Intake Date:/
	Client Name:        //         Gender:        //
	REASON FOR TREATMENT
•	Please describe the nature of your difficulties in your own words (mentioning how long you have had them and your present condition)
2.	In what way do your difficulties affect your life generally at the present time? What persons, situations, activities, etc, seem to set these difficulties off or make them worse?
3.	What seems to help your problems?

4.	In what way do you expect therapy to help you? How long do you think this should take?
5.	What aspects of your life gives you satisfaction?
6.	Whom have you previously consulted about these problems? When and with what results? Please give details, as fully as you can and any comments that you may care to add?
	STRENGTHS AND RESOURCES
	7. What are your personal assets? What would a person who knows you well say if he or she were asked to describe your positive qualities? Please be specific.
	8. Who do you see as your support system? (i.e. family, friends) Please include any programs you are currently accessing for support.
	9. What do you do for fun or in your free time?
	10. Please describe your religious/spiritual belief system and background.
	11. What are your personal liabilities? What would a person who knows you well say if he or she were asked to describe your negative points? Please be specific.

		_
(Last Name.	First Name)	

present?



## **DEVELOPMENTAL/FAMILY/SOCIAL HISTORY**

12. It will help in understanding your present difficulties to know something of your earlier experiences. Please give the following details: Occupation(s) Description of Relationship **Family Members** Age(s) Father Mother Sisters **Brothers** Stepparents Children 13. How would you describe your cultural background/heritage? 14. Could you tell me something about your childhood? Please mention Changes or Separations you've experienced.

15. Have you experienced any losses, traumas or any other experience that was/is emotionally difficult in the past or

		-
(Last Name.	First Name)	

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16. Please tell me about your schooling and later education. How was school for you academically? Socially? What is your present employment? What are your plans and prospects? (With respect to your present occupation)

17.		ef summary of your pro	evious employment, Occupation	Reasons for leaving Or other comments	
	Please mention a	ny particular satisfacti	on or difficulty you have	experienced in your work life or s	chooling life.
18.		now whether you are: rried state for how lon		a couple, separated, divorced, w	dowed. If you are
	Do/did you exper	rience any unhappines	s in your couple life or far	nily life?	
	What are your pro	esent home living circ	umstances? Do you find t	hem difficult in any way?	
	What is your past	: history and current d	rug and alcohol use? Caff	eine?	

19. Are you currently being treated for an ongoing medical condition? If so, please explain and name your present medications, including dosage as well as health care provider contact information.
20. Have you had any legal difficulties? Please explain.
21. Please identify 1 – 3 goals you would like to work on in therapy.
22. Please use this space if there is any other information which might be important, helpful or relevant to your

difficulties (or to expand on any of the earlier questions if you have insufficient space).