

Client Information Form

Please complete and bring to your first session. If you do not wish to answer a question, please write "I do not wish to answer."

Name: _____ Date: _____

Address: _____

Where is it okay for me to leave you a message? Email _____ Home _____ Work _____ Cell _____

Phone: Home _____ Work: _____ Cell: _____

Email: _____

Birth Date: _____ Age: _____ Gender: _____

Marital Status:

- Never Married
 Common Law
 Married
 Separated
 Divorced
 Widowed

On a scale from 1 to 10 (10=best possible), how do you rate your current relationship? _____

Children:

Name	Age	Name	Age
_____ (M/F)	_____	_____ (M/F)	_____
_____ (M/F)	_____	_____ (M/F)	_____
_____ (M/F)	_____	_____ (M/F)	_____

Employment: Are you currently employed? No Yes

Are you satisfied with your current job? What do you find stressful? What do you enjoy?

Mental Health History:

Previous Counselling: Yes No

Currently taking medication? Yes No

If yes, please list _____

Ever been prescribed medication (anxiety, depression, mood)? Yes No

If yes, please list _____

Last Medical Exam: _____

Major Medical Conditions/Injuries: _____

On the scale below, please indicate your present mood. 0 = not at all 10 = Most Intense

Depression

0 1 2 3 4 5 6 7 8 9 10

Anxiety

0 1 2 3 4 5 6 7 8 9 10

Suicidal Thoughts (0 = I never think about it 10 = thoughts are always there)

0 1 2 3 4 5 6 7 8 9 10

Mood

I experience highs and lows: Daily Weekly Monthly Infrequently Never

I would rate the intensity of my moods: Mild Moderate Extreme

Family History: Please check if there is a family history of: the following

	Self	Mom	Dad	Other Member
Workaholism				
Alcohol/Substance Abuse				
Depression				
Anxiety				
Violence				
Eating Disorders				
Obsessive Compulsive				
Schizophrenia				
Suicide Attempts				
Mood Swings:				
Other:				

Self-Care

ROUTINES

Recreational Drug Use: Daily Weekly Monthly Infrequently Never

How often do you drink alcohol? Daily Weekly Monthly Infrequently Never

How often do you exercise? Daily Weekly Monthly Infrequently Never

Describe any difficulties you are experiencing with your eating habits?

Any sleeping problems? Are you having any recurring dreams, nightmares or disturbances?

How would you describe your current living situation? not ideal could be better ideal

How would you describe your current financial situation? poor manageable secure

SUPPORTS

Do you have a satisfactory network of friends, family, groups? _____

Do you listen to music a lot and what type do you enjoy the most? _____

What are some of your strengths? _____

What activities do you enjoy doing? _____

What are your gifts and talents? What gives you energy? What are you passionate about?

Do you have a clear sense of your personal values and boundaries? Yes Not as much as I'd like

What are areas of weakness or things you struggle with?

Self-Description:

What words describe how you see yourself?

Family Relationships:

Are you adopted? No Yes

What was the atmosphere in your family like growing up?_____

Growing up, when did you feel most acknowledged in the family? Were there things you did that gained you a sense of love, acceptance, or recognition in the family?

If you had to describe your “role” in the family, what would it be? (ie. smart one, victim, quiet one....)

Growing up, who would you go to for comfort?_____

Growing up, who did you feel closest to?_____

How would you describe yourself as a child?_____

What words would you use to describe your parents’ marriage?_____

How was your relationship with your mother growing up?_____

What was your relationship with your father growing up?_____

How many brothers? ___ sisters? ___ Are you the oldest? ___ youngest ___ middle? ___

Describe your relationships to each of your siblings? _____

How would you describe yourself as a child? _____

What was discipline like in your family? _____

What was school like for you? _____

Have you ever been abused verbally or mentally, physically, or sexually? _____

Have you been or are you presently involved in pornography on the internet or magazines? Yes No

Spiritual:

What words describe your view of spirituality, faith, spiritual beliefs, religion, God, or a higher power?

Have you ever had an experience (positive or negative) you consider spiritual or religious?

Do you want to include spirituality as part of therapy if you feel it would be helpful? Yes No

Relationship History:

Did you have one or two close friends as a teenager? _____

Did you tend to be a follower or a leader with friends? _____

How old were you when you first dated? _____

Emotional:

Which of the following areas are concerns for you now or in the past? Circle those that you consider the most important.

Anger	Temper	Insecurity
Anxiety	Impatience	Doubts
Confusion	Abuse(emotional, physical, sexual)	Irritability
Depression	Education	Confusion
Guilt	Family problems	Compulsive thoughts
Frustration	Financial problems	Obsessive thoughts
Loneliness	Other	Lustful thoughts
Worthlessness	Social relationships	Fear of losing your mind
Depression	Eating	Fear of committing suicide
Hatred	Trouble concentrating	Fear of hurting loved ones
Bitterness	Sexual	Fear of terminal illness
Day dreaming	Stress	Fear of going to hell
Fantasy	Work	Fear of death
Inadequacy	Worry	Fear of _____
Unforgiveness	Discouragement	Other: _____
Jealousy		

Concerning your emotions, circle those that apply.

- Readily expresses them all
- Express some emotions but not all
- Tendency to suppress emotions
- Disregard my feelings
- Readily acknowledges them, but reserved in expressing
- Feel safest not expressing my emotions
- Consciously or subconsciously deny them
- Other: _____

If your emotional pain could speak what would it say?

Coping

How did your parents respond to you when you were feeling:

	Mom	Dad
Sad		
Angry		
Scared		
Affectionate		
Proud of yourself		
Negative Emotion (anxiety, panic, upset, grief, distress, hurt)		

How did you see your parents express:

	Mom	Dad
Sadness		
Anger		
Fear		
Affection		
Pride		
Negative Emotion (anxiety, panic, upset, grief, distress, hurt)		

How do you describe your way of coping with:

- a. Stress: _____
- b. Anxiety: _____
- c. Anger: _____
- d. Conflict: _____

Please complete the following sentences:

The most important thing to me is ... _____

I worry about ... _____

I have been criticized for ... _____

I get angry when ... _____

I get nervous when ... _____

My biggest disappointment ... _____

My prayer is ... _____

To me sex is ... _____

I would be better liked if ... _____

My biggest problem in life is ... _____

I am working hardest at (goal) ... _____

Counselling Goal

Briefly describe your present concern or problems: _____

What person, situations, activities, etc. seem to “trigger” these concerns or make them worse?

What would you like to accomplish as a result of counselling? _____

How will you and I know that you have reached your goal? How will things be different?

What might prevent you from reaching this goal? _____

What part do you want me to play in helping you reach your goal?

Is there anything else you would like me to know? _____

In Case of Emergency

Person to Contact: _____ Relationship: _____

Phone: Home _____ Work: _____ Cell: _____

I give permission for my counsellor to contact the above person in the event of an emergency.

Client Signature

Date