
(Last Name, First Name)



Christy A. Cole, LCPC

Counseling and Psychotherapy for Wellness

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.**

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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:

| Family Members | Age(s) | Occupation(s) | Description of Relationship |
|----------------|--------|---------------|-----------------------------|
| 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 present?

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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. Please give a brief summary of your previous employment,
From age ____ to age ____**

Occupation

**Reasons for leaving
Or other comments**

Please mention any particular satisfaction or difficulty you have experienced in your work life or schooling life.

18. I would like to know whether you are: single; engaged, living as a couple, separated, divorced, widowed. If you are or have been married state for how long.

Do/did you experience any unhappiness in your couple life or family life?

What are your present home living circumstances? Do you find them difficult in any way?

What is your past history and current drug and alcohol use? Caffeine?

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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).