



FRASER VALLEY
SEX THERAPY

Prior Life Experience

Which of the following have you experienced (past or present)? Please circle all that apply.

- Physical abuse -Death of a close friend/family member -Depression
- Emotional abuse -Sexual dysfunction -Suicide/Suicidal Thoughts
- Sexual abuse/assault -Divorce (yourself or parents) -Relationship difficulties
- Drug or alcohol abuse -Stress/Anxiety/Panic attacks -Physical health concerns

Other (please list):

Which of the above continue to be a problem for you?

Do you have current concerns about alcohol use? **Yes / No**

Do you have concerns about illegal drug use? **Yes / No**

Do you overuse prescription medication? **Yes / No**

Do you have concerns with gambling? **Yes / No**

Do you have concerns with Internet porn use? **Yes / No**

Do you have current thoughts of suicide or plans for suicide? **Yes / No**

Intensity of those thoughts? **___/ 10 (use scale of 1 to 10 where 10 is highest)**

Intent to carry them out: **___/ 10**

Are you currently taking any medication? **Y / N** (If yes, please list below)

Name	Dose	Purpose



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Prior Counselling Experience

Have you seen a counsellor/therapist/psychologist in the past? **Y / N**

Date: _____ Purpose: _____

Was it helpful? Why/why not:

Goals for Counselling

What are the main concerns that bring you to counselling?

How long have you been concerned with this? _____

What are your goals/expectations for counselling at this time?

What concerns, if any, do you have about being in counselling at this time?



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Resiliencies

What are your current hobbies, or things that bring you joy?

What are three positive qualities you bring to a relationship (friendship or intimate)

When feeling stressed out or upset, how do you most often cope to help you feel better?

Signed (Client): _____ **Date:** _____