

**One Step at a Time Therapy Center**  
**Assessment Form**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Why are you seeking therapy at this time?

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Name	Relationship	Age	Currently Living in home?

Marital Status: Single Married Divorced Widowed Other: \_\_\_\_\_

Parents Marital Status: Single Married Divorced Widowed Other: \_\_\_\_\_

Family History of mental health:

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Current employment/school status: \_\_\_\_\_

Employer/School name: \_\_\_\_\_

Position Title/Grade: \_\_\_\_\_

Highest level of education: \_\_\_\_\_

Religious/spiritual practices \_\_\_\_\_

Ethnicity \_\_\_\_\_

What hobbies/extracurricular activities do you participate in?

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Sexual orientation (circle)

Heterosexual Homosexual Transgender Bisexual Questioning Other: \_\_\_\_\_

Medical Concerns:

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Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Treating Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication Name	Dosage	Prescribing doctor	Reason

Have you ever had any psychiatric hospitalizations?  
 If so, please provide approximate dates and reasons for hospitalization.

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Have you ever engaged in self-harming behaviors? Specify behaviors. Did you seek medical attention?

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Have you ever attempted suicide? What was the outcome?

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List past treatments (outpatient, IOP, PHP, inpatient, ect):

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How often do you drink alcohol? \_\_\_\_\_

How often to you engage in recreational drug use? \_\_\_\_\_

How often do you use prescription medication inappropriately? \_\_\_\_\_

Related legal charges to drug/alcohol abuse? \_\_\_\_\_

Effects on your job and relationships?

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Have you ever been arrested to convicted of any legal charges?  
 If yes, what were the charges and when?

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Clinician Name: \_\_\_\_\_

Clinician Signature \_\_\_\_\_ Date: \_\_\_\_\_