

Personal Profile

Please complete and bring to your first session. By asking you about these things in advance, we can save valuable in-session time.

If you do not wish to answer a question, please write "I do not wish to answer."

Name: _____ Date: _____

Address: _____

Phone: Home _____ Work: _____ Cell: _____

Which of the phone number(s) will be okay to leave messages? Home ____ Work ____ Cell ____

Email: _____ Is it okay to email you? _____

Birth Date: _____ Age: _____ Gender: _____

Marital Status:

- Never Married Common Law Married
 Separated Divorced Widowed

If currently in a relationship, how would you describe your relationship? _____

Children:

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

Are you currently employed? No Yes

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

Mental Health/Physical Health History:

Have you had counselling before? (mental health/psychiatric services)

- No Yes, Previous therapist: _____

What it helpful? _____

Are you currently taking any prescription medication? No Yes, please list.

Have you ever been prescribed psychiatric medication? No Yes, please list.

Last Medical Examination: _____

Recreational Drug Use: Daily Weekly Monthly Infrequently Never

How many days per week do you drink alcohol?

How many days per week do you exercise?

Describe any difficulties you are experiencing with your eating habits?

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

List any major illnesses or 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

Check only those that apply to you. I...

- feel safe and secure day to day
- give and receive attention
- have a sense of some control and influence over events in life
- feel stretched and stimulated by life to avoid boredom
- have fun sometimes and feel life is enjoyable
- feel intimate with at least one other human being
- feel connected to and part of a wider community
- be able to have privacy and time to privately reflect
- have a sense of status, a recognizable and appreciated role in life
- have a sense of competence and achievement
- have a sense of meaning about life and what we do.

Please indicate if there is a family history of any of the following;

	Family Member(s)
Workaholism	
Alcohol/Substance Abuse	
Depression	
Anxiety	
Violence	
Eating Disorders	
Obsessive Compulsive	
Schizophrenia	
Suicide Attempt	
Other:	
Other:	

Family Relationships:

What words would you use to describe your parents' marriage?

How would you describe the atmosphere in your family growing up?

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? ___

Are you adopted? ? No Yes

Describe your relationships to each of your siblings?

Who would you go to for comfort?

To whom did you feel close?

How would you describe yourself as a child?

What was discipline like in your family?

If you had to describe your “role” in the family, what would it be?

What was school like for you and what kind of student were you?

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

Have you been and/or are you presently involved in pornography on the internet or magazines?

Mental & Spiritual:

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

Do you consider yourself to be spiritual or religious? If yes what group? If yes, please describe

Are you open to prayer/spirituality being included in therapy?

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? _____

Do you have friends now? Or acquaintances? _____

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

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 | |
| Jealousy | | |

Concerning your emotions, circle those that apply.

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Readily expresses them all • Express some emotions but not all • Tendency to suppress emotions • Disregard my feelings | <ul style="list-style-type: none"> • 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?

How did your parents respond to you when you showed:

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

How were the following emotions expressed by each parent:

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

Self-Description:

Give a word picture description of how you see yourself?

What do you consider to be some of your strengths? Hobbies? Interests?

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

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) ... _____

Coping

How would you describe your way of coping with:

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

Counselling Goal

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

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.

Signature

Date