

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

What did you find helpful/not 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 those that apply to you. I am able to...

- 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 adopted? No Yes

Who did you go to for comfort? _____

Who did you feel close to? _____

What was discipline like in your family? _____

Have you ever been abused verbally or mentally, physically, or sexually? Yes No

Previously/Currently involved in pornography on the internet or magazines? Yes No

Spiritual:

Do you consider yourself to be spiritual or religious? Yes No

If yes, please describe.

Are you open to learning how spirituality can be included in therapy or hope that it is? Yes No

Relationship History:

Do you have a satisfactory support system 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.

- 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?

When you showed these emotions, how did your parents respond to you?

When you showed:	Mom's response to you	Dad's response to you
Sadness		
Anger		
Fear		
Affection		
Pride		
Negative Emotion (anxiety, panic, upset, grief, distress, hurt)		

How did your mom and dad express emotion?

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

Self-Description:

What words describe how you see yourself?

What are 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 symptoms or struggles are you currently experiencing that you would like support with?

What do you hope will happen as a result of counselling?

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