

Personal Profile

Please complete and bring to your first session. 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: _____

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

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

Fulfilling Aspects: _____

Stressful Aspects: _____

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?

Any difficulties you are experiencing with your eating habits?

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

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

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?

Coping

How would you describe your current way of coping with:

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

Support System:

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

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

Emotions:

Which of the following areas are concerns for you now? Circle those you consider most important.

Anger	Temper	Depression	Worry	Compulsive	Work
Anxiety	Impatience	Hatred	Discouragement	thoughts	Fear of losing your mind
Confusion	Abuse(emotional,	Bitterness	Day dreaming	Obsessive	Fear of committing suicide
Depression	physical, sexual)	Irritability	Fantasy	thoughts	Fear of hurting loved ones
Guilt	Education	Eating	Inadequacy	Lustful thoughts	Fear of terminal illness
Frustration	Family problems	Trouble	Unforgiveness	Confusion	Fear of going to hell
Loneliness	Financial problems	concentrating	Jealousy	Doubts	Fear of death
Worthlessness	Social relationships	Sexual	Insecurity	Stress	Other:

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? _____

Family History

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

	How mom expressed this	How Dad expressed this
Sadness		
Anger		
Fear		
Affection		
Pride		
Negative Emotion (anxiety, panic, upset, grief, distress, hurt)		

How was your relationship with your mother growing up?

What was your relationship with your father growing up?

Who did you feel close to or go to for comfort? _____

What was discipline like in your family? _____

How many brothers? ___ sisters? ___

Are you adopted? No Yes

Please indicate 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:	

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

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) ... _____

Self-Description:

What words describe how you see yourself?

What are some of your strengths? Hobbies? Interests?

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

Anything else you would like me to know?
