



## CLIENT HISTORY

*\*Each partner should fill out a copy of this form separately\**

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Full Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

May I leave messages on your voicemail? \_\_\_\_\_ Email is not confidential, may I email you? \_\_\_\_\_

Would you prefer to be contacted by phone, email, or text? \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender identity/sexual orientation. \_\_\_\_\_

Relationship/Marital status \_\_\_\_\_ Educational level \_\_\_\_\_

Occupation \_\_\_\_\_ Referred by \_\_\_\_\_

Names and ages of children \_\_\_\_\_

Emergency contact (name, relationship, phone number) \_\_\_\_\_

### **Purpose of Seeking Counseling**

What causes you to seek counseling? Is there a recent issue that led you to decide to come to therapy? \_\_\_\_\_

\_\_\_\_\_

Do you have any specific goals with regard to counseling? \_\_\_\_\_

\_\_\_\_\_

Do you have any particular concerns/fears with regard to counseling? \_\_\_\_\_

\_\_\_\_\_

### **Psychological History**

Have you ever participated in counseling? \_\_\_\_\_

What was the focus of treatment? \_\_\_\_\_

Name of therapist(s) \_\_\_\_\_ Are you currently taking medications? \_\_\_\_\_

Prescribed by whom? \_\_\_\_\_

What significant life changes or stressful events have you experienced recently? \_\_\_\_\_

\_\_\_\_\_

### **Medical History**

Have you ever been diagnosed with a serious illness? Please describe. \_\_\_\_\_

Please describe your overall health today. \_\_\_\_\_

Are you experiencing any medical/physical symptoms you attribute to a mental, emotional, or stress-related condition? Please describe. \_\_\_\_\_

Have you ever been in a 12-step program? Please describe. \_\_\_\_\_

Do you smoke? \_\_\_\_\_ How much? \_\_\_\_\_ For how long? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ On average, how much alcohol do you consume per week? \_\_\_\_\_

Have you ever used drugs? Please describe. \_\_\_\_\_

**Relationship Information**

How long have you been in your current relationship? \_\_\_\_\_

What kind of relationship do you want to be in? \_\_\_\_\_

What are the top two issues you would like to address? \_\_\_\_\_

What do you find most fulfilling about your relationship? When do you feel least fulfilled? \_\_\_\_\_

Have your arguments ever become physical? \_\_\_\_\_

Please describe your spiritual identity/orientation. \_\_\_\_\_

Please describe your interests/hobbies. \_\_\_\_\_

Are you now or have you ever been involved in a lawsuit? \_\_\_\_\_

Describe your strengths and weaknesses. \_\_\_\_\_

Please feel free to include any other information you believe is relevant to your counseling. \_\_\_\_\_