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Client Information Survey (use back for extra space)

Name _____ Today's Date _____ Date of Birth _____

Please describe the **main** concern or difficulty that has brought you to see me:

Please list and describe any additional concerns you may want to address:

Why did you choose to come to counseling **now**?

Have you received any psychological, psychiatric, spiritual or other counseling before?
If yes, please indicate: When? From Whom?
For what? With what results?

Have you ever taken medications for psychiatric or emotional problems?
If yes, please indicate: Medication(s)
When?
Prescribing Doctor:
For what? With what results?

Personal Health Data

In general, how was your health as a child?

How was your health as a teen?

How is your health now?

Do you sleep well? If not, please describe:

Any serious surgical operations? (Please list them and your age at the time):

Any accidents?

When were you last examined by a doctor? Why?

List any allergies/medical illnesses I should be aware of:

How much beer, wine, or hard liquor do you consume each week, on average?

How much tobacco do you smoke or chew each week?

How much caffeine do you consume?

Which drugs (eg. marijuana) and over-the-counter drugs (not medications prescribed for you) have you used in the past and currently (this information is not reportable to the police, etc...it is confidential):

Family Background and Childhood History

Where were you born and who raised you?

Are you adopted? _____ If yes, how old were you when you were adopted? _____

Describe the kind of places you lived as a child (city, country...)

Please give a general description of how you remember your childhood...what was the home atmosphere like- did people get along, were your parents married and together, etc...

In what ways were you disciplined as a child or as a teen?

Please list 4-5 positive and negative adjectives **each** to describe **each** of your main caregivers: mother/father/step parents, etc. Example: Dad was loving, quiet, angry often, inconsiderate, smart... (use back of page)

Describe any parental health problems, substance abuse, emotional/mental difficulties:

Were you abused in any way by a caretaker/parent(s) or anyone else?

If your parents were divorced, how old were you when that occurred?

How old were you if and when your mother remarried? _____ Your father? _____

Is your father still living?* _____ If so, how old is he and what is his occupation? _____
If not, how old was he when he died and what was the cause of his death?

Is your mother still living?* _____ If so, how old is she and what is her occupation? _____
If not, how old was she when she died and what was the cause of death?

If relevant, describe your current relationship with your parents*. How often do you see them?
*If you have adoptive and biological parents, please explain your current relationships with them:

Please list the names of your siblings/step/half, etc siblings with their ages in chronological order:

How did you get along with these siblings?

Past:

Present:

Please list any major problems or traumatic experiences as a child or teen with your siblings:

Does any member of your immediate or extended family suffer from a medical illness or "mental illness" (eg.: cancer, depression, anxiety, chemical/substance abuse, obesity/eating disorder, psychosis, etc)?

Give details, please (use back):

Are there any other fearful or distressing experiences from your past you would like to mention here:

Educational and Occupational History

What was the last year of school that you completed?

Terms which apply to your elementary school history (please check)

moved frequently enjoyed it good grades had many friends
 loner/few friends played sports poor grades hated it artistic

Terms which apply to your Middle and High School History:

extracurricular activities joined groups good grades enjoyed it
 moved frequently loner/few friends hated it felt different

Any other general thoughts/feelings about those years?

Adult Education

I am currently a student (if applicable) at:

College attendance/degrees(s): What, where and when?

Please list the kinds of jobs held in the past (paid and volunteer):

Any military history? If so, how many years and did you get an honorable discharge?

What sort of work are you doing now?

Does your present work satisfy you?

Do you have any future educational or vocational ambitions? What are you considering?

Relationship History

Are you in a committed relationship now? _____ Are you living with that partner now? _____
Are you married? _____ How many years? _____

Partner/Spouse's name, age and occupation _____

How long have you known this partner/spouse? _____

Please comment on what area(s) you feel there is compatibility/incompatibility:

Have you ever had couples/marital counseling? _____

Please list some positive and negative adjectives to describe your spouse/partner
(examples: kind, impatient, funny, angry, etc):

Were you married previously? _____ For how many years? _____

Why are you no longer married?

Please list some adjectives to describe this previous spouse:

How many children have you had/adopted (and by which partner/spouse)?
Please list their names, sex, and ages.

Do any of your children have special needs and what, specifically?

How do you get along with your in-laws?

Please comment on how you feel about your parenting, individually and as a couple:

Your Sexual Life

How would you describe your own sexual orientation? (eg: heterosexual)

What was your caretaker's/parent's attitude towards sex?

Do you have any history of sexual trauma(s)?

Is your present sex life satisfactory? _____ If not, please explain:

Your Current Life

Present interests, hobbies, and other activities you enjoy:

How is most of your free time occupied?

Does your present social life satisfy you? _____ If not, what is missing?

What is your religious/spiritual background?

Has religion/spirituality been an important part of your life in the past? _____ In the present? _____
Please explain:

Who are the most important people in your life at this time?

What are a few of your ambitions and goals? What would you like to do with your life in the next few months and years? Please explain:

Finally, please list what goals you have for the counseling process:

How would you like to be different when you leave counseling?

(And thanks for taking the time to fill this survey out!)