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*Therapy for the heart, mind, body and spirit in a safe and healing setting*

## Client History, Concerns and Goals

(If you are coming for couples therapy, please fill out one form for each partner.)

Name of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Filled out by: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Please fill in the following information as completely as possible.

1) Describe what has happened recently that led you to seek counseling now: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Describe current concerns and symptoms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Check the one response which best applies:

(A) My current concerns and symptoms are:

- the continuation of a long-standing condition
- a recent worsening of an on-going condition
- the reoccurrence of a previous condition
- significantly different from any previous condition
- my first occurrence of any condition

(B) My current symptoms developed:

- suddenly (less than four weeks)
- gradually (one to several months)
- very gradually (one to several years)

4) Please describe your medical history below (list any major injuries, illnesses or surgeries, etc.):

Condition

Dates

Treatment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Are you currently on any medication?

yes

no

Medication

Dosage

Prescribing Physician

Date Started

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications you are allergic or sensitive to: \_\_\_\_\_  
\_\_\_\_\_

6) Are there any psychiatric medications you have taken in the past (and are not currently taking):

Medication                      Dosage                      Prescribing Physician                      Date Started

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7) Please indicate any significant prenatal events and developmental history for yourself: \_\_\_\_\_

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8) Please list any other substances that you use and include their amount and frequency:

Alcohol _____	Heroin _____
Marijuana _____	Psychedelics _____
Caffeine _____	Methamphetamine _____
Tobacco (cigarettes, etc.) _____	Other _____

9) Have you been in psychotherapy or been hospitalized in a psychiatric facility? (Please list names of past therapists and hospitalizations, dates, and reason for treatment.) \_\_\_\_\_

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10) Describe your relationship with your family of origin. Include parental substance & abuse issues as well as other relevant life events: \_\_\_\_\_

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11) Has anyone in your immediate or extended family had a psychiatric illness? Please list their relationship with you and the nature of their illness: \_\_\_\_\_

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12) Do you have thoughts about hurting yourself or others?  yes  no If so, Please describe: \_\_\_\_\_

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13) Please describe your current family situation: \_\_\_\_\_

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14) Please briefly describe your current employment and work history: \_\_\_\_\_

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15) Briefly describe your current support system (family, friends, organizations, etc.): \_\_\_\_\_

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16) Briefly describe your strengths and weaknesses: \_\_\_\_\_

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17) Please describe your goals for therapy: \_\_\_\_\_

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