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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:	(B) My current symptoms developed:
☐ the continuation of a long-standing condition	☐ suddenly (less than four weeks)
☐ a recent worsening of an on-going condition	☐ gradually (one to several months)
☐ the reoccurrence of a previous condition	☐ very gradually (one to several years)
☐ significantly different from any previous condition	
☐ my first occurrence of any condition	

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

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

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

Alcohol __________	Heroin/opioids __________
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.) __________

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

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: __________

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

13) Please describe your current family situation: __________

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

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

16) Briefly describe your strengths and weaknesses: __________

17) Please describe your goals for therapy: __________