CLIENT SELF-ASSESSMENT

Client: _____ **Date:** _____

CURRENT CONCERNS

Check any of the following behaviors or concerns that you would like help with:

__alcohol use	__sleep	__temper	__parenting problems
__drug use	__memory	__risk taking	__fertility problems
__tobacco use	__concentration	__headaches	__financial problems
__overeating	__fear/ phobia	__chronic pain	__relationship problems
__overworking	__impulsivity	__PMS	__sexual dysfunction
__obsessions	__depression	__loneliness	__sexual addiction
__compulsions	__anxiety	__ legal problems	__gambling problem
__eating disorder	__mania	__social isolation	__work difficulties

Other : _____

Which of the above behaviors would you most like to change? _____

_____

_____

_____

HEALTH HISTORY

Current/ previous psychotherapy (give name(s), dates, duration, kind of therapy and outcome):

_____

_____

Please describe any negative experience with a former psychotherapist or psychiatrist:

_____

_____

Have you ever been hospitalized for a psychiatric problem? If yes, please give details:

_____

Current health (include any medical problems): Circle one: poor fair good excellent

_____

Chronic health problems:

_____

_____

Current prescribed medications and homeopathic remedies: _____

_____

Current complementary treatments (acupuncture, massage, etc.): _____

_____

Name and phone no. of your primary care physician:

_____

Name and phone no. of psychiatrist, psychotherapist, and/or other significant health care providers:

_____

_____

EMPLOYMENT/EDUCATION

What kind of work are you doing now? _____

How satisfied are you with the kind of work you are doing?

_____

How satisfied are you with your current employment situation? _____ Please identify any stressors such as difficulties with supervisor, co-workers, work hours, duties, or other issues:

_____

_____

Current vocational goals:

_____

Highest level of education achieved: _____

Do you have any plans to further your education? _____ If so, describe: _____

_____

FINANCIAL/LEGAL:

Please describe any financial concerns you have:

_____

_____

Are you currently involved in any civil or criminal legal actions? _____ If so, please describe:

_____

Do you have a pending workman's comp or disability claim? _____ If so, please describe:

_____

Is it likely that evaluation or treatment reports might be required by an attorney, court, probation official, or insurance company? _____If so, please provide specifics now: (failure to provide known information at this time might result in my refusal to provide requested information at a later date):

_____

_____

LIFESTYLE:

What kind of leisure activities do you participate in? (indicate how many times per week or month you engage in these activities)

_____]

_____

How often do you exercise? __never __rarely __occasionally __few times week __daily

What kind of exercise do you do? _____

Do you meditate or use relaxation practices? If so, please describe: _____

_____

Describe any volunteer work you do or have done:

_____

_____

Describe involvement in any community, social, or religious organizations:

_____

INTERPERSONAL RELATIONSHIPS

PERSONAL HISTORY

Siblings: **Number of Brothers:_____Brothers' Ages: _____**
Number of Sisters: _____Sisters' Ages: _____
If deceased, name/ age at time of death:_____Your age then:_____
If deceased, name/ age at time of death:_____Your age then:_____
Your sibling order: _____

Father: **Occupation:_____Health: _____Age:_____**
If deceased, age, year of death_____Your age then:_____
Cause of Death: _____

Mother: **Occupation: _____Health:_____Age:_____**
If deceased, age, year of death: _____our age then:_____
Cause of Death: _____

Which of the following apply to your childhood/ adolescence:

__happy childhood
__unhappy childhood
__emotional/ behavior problems
__legal trouble
__strong religious upbringing
__supportive parents
__supportive siblings
__enjoyed school
__school problems
__family problems
__medical problems
__drug/ alcohol use
__teased or bullied
__friendly neighbors
__safe and secure neighborhood
__unsafe and dangerous neighborhood

Describe your father and the relationship you had with him as a child and as an adult: _____

_____

_____

_____

Describe your mother and the relationship you had with her as a child and as an adult: _____

_____

_____

_____

Describe any significant positive or negative relationships you have had with relatives: _____

_____

_____

If you have ever been physically or emotionally abused, describe by whom, under what circumstances, and for how long:

_____

_____

Did any member of your immediate or extended family suffer from alcoholism, depression, anxiety, panic attacks, or anything that might be considered a " mental disorder"? _____
If yes, please provide details:

_____

_____

_____

Has any member of your family ever been hospitalized or treated on an outpatient basis for a psychiatric problem? _____ If yes, please provide details: _____

_____

_____

PARTNERSHIP/MARRIAGE

What are the current issues that challenge you and your partner at this time?

_____

_____

_____

Please describe your partner:

_____

_____

In what ways are you compatible? _____

_____

In what ways are you incompatible? _____

_____

How satisfied are you in this relationship now?

__not at all __very little __somewhat __moderately __highly

Please describe any significant relationship or partnership losses that have impacted you:

_____

_____

_____

CHILDREN

Please list the names and ages of all of your biological children and where they reside:

_____

_____

Please list the names and ages of all of your stepchildren, adopted children, and foster children:

_____

What issues challenge you as a parent at this time? _____

_____

_____

Which of your children have special needs? _____

_____

Information you consider relevant regarding infertility, pregnancies, abortions or miscarriages:

_____

SEXUALITY:

How satisfying Is your sex life now?

__not at all __very little __somewhat __moderately __highly

Have you ever been sexually abused, molested, or assaulted? _____ If yes, please describe by whom, under what circumstances, and for how long:

_____

_____

Please describe any sexual concerns, experiences or incidents not mentioned above:

_____

_____

Any sexual practices or compulsions which are a problem for you or for others:

_____

SOCIAL RELATIONSHIPS

Identify specific relationships with people with whom you feel comfortable:

_____

_____

Identify specific relationships with people with whom you feel uncomfortable:

_____

_____

With which people are you closest to now? (your inner circle): _____

_____

_____

How comfortable are you in social situations?

__not at all __somewhat __moderately __highly

Do you have trouble speaking up for yourself? _____ **If yes, with whom or in what kinds of situations?**

_____

_____

Describe any involvement you have in clubs, voluntary, or social organizations: _____

_____

Describe any involvement you have/ have had with any social support groups or self-help programs:

_____

RELIGION/SPIRITUALITY

Describe your current affiliation with a religious organization or spiritual group:

_____

How regularly do you participate? _____

Describe your religious upbringing, parochial education, and anything particularly positive or negative about these experiences:

NODAL LIFE EVENTS

Please identify memories of life events/ experiences during the following age ranges which you believe had an impact on your development, identity, and current functioning:

0-10

11-20

21-30

31-40

41-50

51-60 _____

61-70_ _____

70+ _____

Any other information that might be useful for me to know: