



**CLIENT HISTORY**

(PSYCHOLOGICAL, SOCIAL, PHYSICAL and SPIRITUAL)

**Name** \_\_\_\_\_  
Last First Middle Date

**Completed by:** \_\_\_\_\_ If not client, relationship to client \_\_\_\_\_

**Reason for Seeking Counseling:** \_\_\_\_\_

**Personal Information**

Sex: [ ] Male [ ] Female Place of Birth: \_\_\_\_\_

Race: [ ] White [ ] Black [ ] Hispanic [ ] Asian [ ] Other (Specify): \_\_\_\_\_

Are you currently or have you ever been married? [ ] N/A [ ] Yes [ ] No  
If yes, how many times have you been married? \_\_\_\_\_

Current marital status: [ ] Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed  
If currently married, how many years? \_\_\_\_\_

Number of children? \_\_\_\_\_

**List all persons currently living in client's household:**

Name	Age	Sex	Relationship to client
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List children not living in same household as client:**

Name	Age	Sex	Relationship to client
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Frequency of visitation of above: \_\_\_\_\_

**Educational Information**

Please indicate the highest education level attained: \_\_\_\_\_

Grade: \_\_\_\_\_ [ ] 9 [ ] 10 [ ] 11 [ ] 12

Please indicate which of the following degrees you have attained and from what institution.

<b>DEGREE</b>	<b>FIELD</b>	<b>COLLEGE/UNIVERSITY</b>
Bachelor [ ] Yes [ ] No	_____	_____
Masters [ ] Yes [ ] No	_____	_____
Doctorate [ ] Yes [ ] No	_____	_____

**Symptom Checklist (rate your symptoms at their current level)**

**None** This symptom not present at this time

**Mild** Impacts quality of life, but no significant impairment of day-to-day functioning

**Moderate** Significant impact on quality of life and/or day-to-day functioning

**Severe** Profound impact on quality of life and/or day-to-day functioning

<u>Concern</u>	<u>None</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>
aggressive behaviors	[ ]	[ ]	[ ]	[ ]
agitation	[ ]	[ ]	[ ]	[ ]
alcohol to excess	[ ]	[ ]	[ ]	[ ]
anorexia	[ ]	[ ]	[ ]	[ ]
anxiety	[ ]	[ ]	[ ]	[ ]
appetite disturbance	[ ]	[ ]	[ ]	[ ]
bingeing/purging	[ ]	[ ]	[ ]	[ ]
conduct problems	[ ]	[ ]	[ ]	[ ]
confused thinking	[ ]	[ ]	[ ]	[ ]
defiant behavior	[ ]	[ ]	[ ]	[ ]
depressed mood	[ ]	[ ]	[ ]	[ ]
drug abuse	[ ]	[ ]	[ ]	[ ]
elevated mood	[ ]	[ ]	[ ]	[ ]
excessive fears	[ ]	[ ]	[ ]	[ ]
bowel/bladder disturbance	[ ]	[ ]	[ ]	[ ]
emotionally harmed others	[ ]	[ ]	[ ]	[ ]
overemotional	[ ]	[ ]	[ ]	[ ]
fatigue/low energy	[ ]	[ ]	[ ]	[ ]
grief	[ ]	[ ]	[ ]	[ ]
guilt	[ ]	[ ]	[ ]	[ ]
hear strange voices	[ ]	[ ]	[ ]	[ ]
hopeless	[ ]	[ ]	[ ]	[ ]
hyperactivity	[ ]	[ ]	[ ]	[ ]
irritability	[ ]	[ ]	[ ]	[ ]
laxative/diuretic abuse	[ ]	[ ]	[ ]	[ ]
mood swings	[ ]	[ ]	[ ]	[ ]
obsessions/compulsions	[ ]	[ ]	[ ]	[ ]
panic attacks	[ ]	[ ]	[ ]	[ ]
paranoid thoughts	[ ]	[ ]	[ ]	[ ]
physically hurt others	[ ]	[ ]	[ ]	[ ]
physically hurt self	[ ]	[ ]	[ ]	[ ]
victim of physical harm	[ ]	[ ]	[ ]	[ ]
poor concentration	[ ]	[ ]	[ ]	[ ]
poor grooming	[ ]	[ ]	[ ]	[ ]
sexual dysfunction	[ ]	[ ]	[ ]	[ ]
sexually harmed others	[ ]	[ ]	[ ]	[ ]
seeing strange things	[ ]	[ ]	[ ]	[ ]
significant weight gain/loss	[ ]	[ ]	[ ]	[ ]
sleep disturbance	[ ]	[ ]	[ ]	[ ]
social isolation	[ ]	[ ]	[ ]	[ ]
suicidal thoughts	[ ]	[ ]	[ ]	[ ]
other (specify) _____	[ ]	[ ]	[ ]	[ ]

**Medical History**

**What medications are you currently taking?**

- 1.) Medication & Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_  
 Physician \_\_\_\_\_ Side effects \_\_\_\_\_  
 Beneficial \_\_\_\_\_
- 2.) Medication & Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_  
 Physician \_\_\_\_\_ Side effects \_\_\_\_\_  
 Beneficial \_\_\_\_\_

List any medications you have taken in the past: \_\_\_\_\_

Describe current physical health:  Good  Fair  Poor

**Is there a history of any of the following for the client or in the family:**

**Social/Lifestyle History**

**Health Concerns:**

	<b>Self</b>	<b>Family</b>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
bronchitis/asthma (circle)	<input type="checkbox"/>	<input type="checkbox"/>
birth defects	<input type="checkbox"/>	<input type="checkbox"/>
emotional/behavioral (circle) problems	<input type="checkbox"/>	<input type="checkbox"/>
thyroid problems	<input type="checkbox"/>	<input type="checkbox"/>
high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
mental deficiency	<input type="checkbox"/>	<input type="checkbox"/>
caffeine use/abuse	<input type="checkbox"/>	<input type="checkbox"/>
ear infections/tubes	<input type="checkbox"/>	<input type="checkbox"/>
ulcers	<input type="checkbox"/>	<input type="checkbox"/>
food sensitivities	<input type="checkbox"/>	<input type="checkbox"/>
diabetes	<input type="checkbox"/>	<input type="checkbox"/>
cancer	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's disease/dementia	<input type="checkbox"/>	<input type="checkbox"/>
stroke/coma (circle)	<input type="checkbox"/>	<input type="checkbox"/>
heart disease	<input type="checkbox"/>	<input type="checkbox"/>
orthopedic problems	<input type="checkbox"/>	<input type="checkbox"/>
allergies	<input type="checkbox"/>	<input type="checkbox"/>
falls/accidents	<input type="checkbox"/>	<input type="checkbox"/>
concussions/broken bones (list with age)	<input type="checkbox"/>	<input type="checkbox"/>
alcoholism/drug abuse (circle), when & what happens(ed) behaviorally?	<input type="checkbox"/>	<input type="checkbox"/>
other chronic or serious health problems	<input type="checkbox"/>	<input type="checkbox"/>

**IMMEDIATE FAMILY**

**Intimate relationships:**

- single, never married
- never been in a serious relationship
- not currently in relationship
- currently in a serious relationship
- engaged \_\_\_\_\_ months
- married for \_\_\_\_\_ years

**Relationship satisfaction:**

- very satisfied with relationship
- satisfied with relationship
- somewhat satisfied with relationship
- dissatisfied with relationship
- very dissatisfied with relationship
- \_\_\_\_\_ prior marriages (self)
- \_\_\_\_\_ prior marriages (partner)
- live-in for \_\_\_\_\_ years
- divorce in process \_\_\_\_\_ months
- separated for \_\_\_\_\_ years
- divorced for \_\_\_\_\_ year

Describe any past or current significant issues in **intimate** (e.g. spousal) relationships:

\_\_\_\_\_

Describe any past or current significant issues in other **immediate family** relationships:

\_\_\_\_\_

**Family History**

List parents:

**Father**  
full name \_\_\_\_\_  
occupation \_\_\_\_\_  
education \_\_\_\_\_  
general health \_\_\_\_\_

**Mother**  
full name \_\_\_\_\_  
occupation \_\_\_\_\_  
education \_\_\_\_\_  
general health \_\_\_\_\_

Parents' current marital status:

\_\_\_\_\_ married to each other  
separated for \_\_\_ years  
divorced for \_\_\_ years  
mother remarried \_\_\_\_\_ times  
father remarried \_\_\_\_\_ times

other \_\_\_\_\_  
mother deceased for \_\_\_\_\_ years age of client at mother's death  
father deceased for \_\_\_\_\_ years age of client at father's death

Present during childhood:

**Family Member**

mother \_\_\_\_\_  
father \_\_\_\_\_  
stepmother \_\_\_\_\_  
stepfather \_\_\_\_\_  
brother(s) \_\_\_\_\_  
sister(s) \_\_\_\_\_  
other (specify) \_\_\_\_\_

Present	Present Part of	Not Present
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List Siblings (Brothers & Sisters): \_\_\_\_\_

Describe childhood family experience:

- outstanding home environment
- normal home environment
- chaotic home environment
- witnessed physical/verbal/sexual abuse toward others
- experienced physical/verbal/sexual abuse from others
- other \_\_\_\_\_

Client's age at leaving childhood home: \_\_\_\_\_ Circumstances: \_\_\_\_\_

Special circumstances in childhood: \_\_\_\_\_

Do you, the client, have a history for any of the following? (Check all that apply):

- chronic lying
- stealing
- violent temper
- fire setting
- won't sleep alone
- repeats words of others
- not trustworthy
- hostile/angry mood
- indecisive
- immature
- bizarre behaviors
- night terrors
- distrustful
- extreme worrier
- self-injurious acts
- impulsive
- easily distracted
- poor concentration
- overeating
- other \_\_\_\_\_

**Legal History**

Have you ever been a victim of a crime? [ ] No [ ] Yes If yes, please explain. \_\_\_\_\_

Have you ever been convicted of a felony? [ ] No [ ] Yes If yes, please explain? \_\_\_\_\_

Do you currently have any need of Legal Assistance? [ ] No [ ] Yes If yes, please explain. \_\_\_\_\_

Please check all that apply for client:

[ ] no legal problems [ ] now on parole/probation [ ] arrest(s) not substance-related [ ] arrest(s) substance-related

[ ] court ordered this treatment [ ] jail/prison \_\_\_\_\_ time(s) total time served: \_\_\_\_\_

describe last legal difficulty: \_\_\_\_\_

**Socio Economic History**

**Living situation:**

[ ] housing adequate

[ ] housing inadequate, why? \_\_\_\_\_

**Military history:**

Branch in military: \_\_\_\_\_

Honorable discharge: Yes [ ] No [ ]

**Financial situation:**

[ ] no current financial problems

[ ] large indebtedness

[ ] poverty or below-poverty income

[ ] impulsive spending

[ ] relationship conflicts over finances

**Social support system:**

[ ] close relationship with family/friends

[ ] few friends

[ ] substance-use-based friends

[ ] no friends

[ ] distant from family of origin

**Employment History**

What is your current employment status?

[ ] Full time [ ] Part time [ ] Unemployed [ ] Retired [ ] Disabled [ ] Student [ ] Homemaker

If employed, where are you currently employed? \_\_\_\_\_

Your current occupation is \_\_\_\_\_

Your usual occupation is \_\_\_\_\_

How long have you been employed there and what do you do? \_\_\_\_\_

Previous employment in the past five years: \_\_\_\_\_

Employment Satisfactory? [ ] Yes [ ] No If no, why? \_\_\_\_\_

**Church/spiritual/recreational history**

Y N

[ ] [ ] Do you attend a church/religious group?

If yes, where? \_\_\_\_\_

[ ] [ ] Are you active in your church/religious group?

Describe your relationship with God/Higher Power: \_\_\_\_\_

[ ] [ ] Currently active in community/recreational activities?

[ ] [ ] Formerly active in community/recreational activities?

[ ] [ ] Currently engage in hobbies? \_\_\_\_\_

Misc.: \_\_\_\_\_