

SPIRITUAL / FAITH. DATA: What role does your spirituality or religious faith play in your life?

STRENGTHS / SUPPORT SYSTEMS / COMMUNITY RESOURCES: _____

HEALTH MENTAL HEALTH DATA: Check and describe the following, with dates, as they apply to you:

- _____ Current / chronic medical conditions / infectious diseases _____
- _____ Recent weight changes: Lost / gained _____ lbs. in _____ weeks/months? Intentional? Y N
- _____ Serious illnesses / injuries / traumas _____
- _____ Surgeries / hospitalizations (medical / psychiatric) _____
- _____ Previous counseling / therapy? When and what conditions? _____

Medication	Dosage	Frequency	Start Date	Reason	Prescriber

CONCERNS & GOALS: What brings you to counseling / therapy? What do you hope to accomplish? _____

Rate your current distress level for each symptom concern that applies to you, **using the scale below.**

0	1	2	3	4	5	6
None	Very little	Mild	Moderate	Considerable	Severe	Maximum
_____ Depression				_____ Alcohol I other drug abuse (self)		
_____ Hopelessness				_____ Alcohol / other drug abuse (who?) _____		
_____ Anxiety				_____ Nicotine addiction - amt _____		
_____ Panic attacks				_____ Caffeine addiction - amt _____		
_____ Withdrawn behavior				_____ Eating disorders		
_____ Loss of increased appetite				_____ Compulsive gambling		
_____ Mood swings				_____ Pornography		
_____ Anger/rage				_____ Sexual addiction		
_____ Fearfulness				_____ Computer/ Internet addiction		
_____ Guilt				_____ Other addictions (identify) _____		
_____ Suicidal thoughts				_____ Communication problems		
_____ Suicidal actions				_____ Sexual problems		
_____ Homicidal thoughts actions				_____ Marital relationship conflicts		
_____ Obsessive thoughts _____				_____ Domestic violence		
_____ Compulsive behaviors _____				_____ Blended family problems		
_____ Paranoid thoughts / behaviors.				_____ Conflict with parents		
_____ Hallucinations (audio /visual)				_____ Conflict with siblings		
_____ Memory problems (short term long term)				_____ Conflict with children		
_____ Concentration lack of focus				_____ School / work conflicts		
_____ Perfectionism				_____ Emotional abuse (past current)		
_____ Health concerns				_____ Physical abuse (past current)		
_____ Hormonal / endocrine imbalances				_____ Sexual abuse (past/ current)		
_____ Self esteem concerns				_____ Legal problems		
_____ Grief losses (identify) _____				_____ Financial problems		
_____ Loss of meaning in life				_____ Job employment problems		
_____ Sleep problems (describe) _____						
_____ Other (describe) _____						

Client Signature

Parent/Legal Guardian Signature

Date of Signature