CLIENT SELF-ASSESSMENT

Client Name: _____ Date: _____

CURRENT CONCERNS

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

__alcohol/drug use __sleep __temper __parenting problems
__ night terrors __memory __risk-taking __fertility problems
__suicidality __concentration __headaches __financial/work problems
__overeating __fear/phobia __stomach pain __relationship problems
__over-working __impulsivity __chronic pain __sexual dysfunction
__obsessions __depression __loneliness __sexual addiction
__compulsions __anxiety/panic __self-esteem __gambling problem
__eating disorder __mania __social isolation __work difficulties
__hopelessness __high/low sex-drive __legal issues __unmotivated/uninspired
__emotionally detached __body image __unresolved trauma/s __grief/loss

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 experiences 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 healthcare 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 disclosure of same to requestor*) :

_____

_____

_____

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, do yoga, or use other relaxation practices? If so, please describe:

_____

_____

Describe any volunteer work you do or have done: _____

_____

Describe any involvement with 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: _____ Your 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, drug addiction, 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:_____
_____
_____

Has any member of your family ever attempted, or committed, suicide? _____
If yes, please provide details:_____
_____
_____

PARTNERSHIP/MARRIAGE/RELATIONSHIPS

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

Are you here for Couple's Therapy?_____ If yes, please describe why, and what you hope to get out of coming to therapy, as well as any concerns/hopes you have around couple's therapy:_____
_____
_____
_____
_____

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

Explain:_____
_____
_____

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

Please describe any relationship issues/ concerns (past/present), *even if you are not in a partnership*:_____
_____
_____
_____

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?
_____
_____
_____

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 life events/experiences during the following age ranges which you believe had an impact on your development, identity, and current functioning (positive/negative):

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:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Have you had a psychiatric diagnosis in the past/ currently? _____
If so, do you agree with it/ them? _____
What have you been diagnosed? _____
What medications, if any, do you take for this? _____
What medications, if any, have you been prescribed in the past for psychiatric issues? (include dosages, if they have been helpful, unhelpful, or caused negative reactions, a worsening of symptoms, and/or side effects):_____
_____
_____
_____

Have you ever been suicidal or homicidal?_____ If yes, describe:_____
_____

Are you currently thinking of hurting yourself or someone else? _____
If yes, describe:_____

Are you currently in danger in any way? (i.e. violent partner, drug use) _____
If yes, please describe: _____