CLIENT SELF-ASSESSMENT

Please fill out your name and date and answer the questions below. If it is too difficult, we can work on it together. If you need more space to answer any of the questions, please do.

Client Name: _____ Date: _____
Cell Phone: _____

CURRENT CONCERNS

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

__Early Abuse	**__Sleep**	**__Temper**	**__Parenting problems**
__Drug use	**__Memory**	**__Risk-taking**	**__Fertility problems**
__Tobacco use	**__Concentration**	**__Headaches**	**__Financial problems**
__Alcohol use	**__Trauma**	**__Accidents**	**__Stress-related problems**
__Overeating	**__Fear/phobia**	**__Chronic pain**	**__Relationship problems**
__Overworking	**__Impulsivity**	**__Anxiety/distress**	**__Fear-related problems**
__Obsessions	**__Depression**	**__Loneliness**	**__Sexual addiction**
__Eating disorder	**__Medical issues**	**__Social isolation**	**__Work difficulties**

Other: _____

Which of the above behaviors you have checked off are most problematic and you would like the most to change?

MEDICAL INFORMATION

How is your current health? Please include any current medical problems.
Circle one: Poor Fair Good Excellent

Have you had any major medical or health problems in the past? If so, please give details including past surgeries, medical illnesses or hospitalizations for physical issues.

Have you had any head injuries during your lifetime?

Do you have any chronic health problems? If so, please give details.

What current prescribed medications and/or homeopathic remedies and supplements do you take?

What current complementary treatments do you have (acupuncture, massage, etc.)?

What current or previous psychotherapy have you had, including names, dates, duration, kind of therapy and outcome (as best you can recall)?

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

Were you ever hospitalized for a psychiatric problem? If so, please give details:

EMPLOYMENT/EDUCATION

What kind of work are you doing now?

How satisfied are you with the work that you are doing?

How satisfied are you within your employment situation? Please identify stressors in your workplace such as difficulties with supervisor, co-workers, work hours, duties, etc:

What are your current work goals?

What is the highest level of education you have achieved?

Do you have any plans to further your education? If so, please describe.

FINANCIAL/LEGAL

Please describe any financial concerns you may have:

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

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

It is 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 is the principle that organizes your life?

What is the major negative theme or script that keeps happening to you over and over?

What makes you laugh?

What makes you cry?

What makes you feel loved?

Do you think that you have a good diet? _____
Breakfast: _____
Lunch: _____
Dinner: _____
Snack: _____

How often do you exercise? __Never __Rarely __Occasionally __2-3 times a 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 any involvement you have in community, social or religious organizations:

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NTERPERSONAL RELATIONSHIPS

PERSONAL HISTORY

Mother: Occupation: _____ Health: _____
Age: ____If deceased, name & age at time of death: _____
Your age then:_____ Cause of Death: _____

Father: Occupation: _____ Health: _____
Age: ____If deceased, name & age at time of death: _____
Your age then:_____ Cause of Death: _____

Siblings:
Number of Sisters: ____Sisters ages: _____
Number of Brothers: ____Brothers ages: _____
If deceased, name & age at time of death: _____ Your age then:_____
If deceased, name & age at time of death: _____ Your age then:_____

Name your sibling order from oldest to youngest: _____
_____

If you have step parents and/or siblings, please describe any relevant information:
_____
_____
_____

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 first as a child then as an adult: _____
_____
_____
_____
_____

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

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

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

Has any member of your immediate or extended family suffered from alcoholism, depression, anxiety, panic attacks, or anything that might be considered a "mental disorder?"

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 in your relationship now?
__Not at all__Very little __Somewhat__Moderately __Highly

Please describe any significant relationship 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 children, stepchildren, 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 so 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 others? If so, please describe:

SOCIAL RELATIONSHIPS

Who are the people with whom you feel the most comfortable?

Who are the people with whom you feel uncomfortable? Were there any times that you were kept out or ostracized?

What are the names of the people with whom you are closest to now (your inner circle)?

How comfortable are you in social situations?
__Not at all__Very little __Somewhat__Moderately __Highly

Do you have trouble speaking up for yourself? If yes, with whom or in what kinds of situations?
__Not at all__Very little __Somewhat__Moderately __Highly

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 or organization or spiritual group:

How regularly do you participate?

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

IMPORTANT LIFE EVENTS (Positive and Negative)

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:

0-5 years _____

5-12 years _____

13-19 years _____

20-29 years _____

30-39 years _____

40-49 years

50-59 years

60-69 years

70-79 years

80-89 years

90+ years

Is there any other information that would be useful for me to know?