CoupleWorks

Name **DOB**

Describe the reason for which you wish to have counselling:

What would you like to see happen as a result of counselling?

The thing that concerns me most right now is:

How long has this been a problem?
Severity: [ ] Mild [ ] Moderate [ ] Severe [ ] Overwhelming

In the past month, have you experienced: (please check all that apply)

___ Poor appetite or overeating	___Phobias
___Low energy or fatigue	___Excessive worry
___Low self-esteem	___Hallucinations
___Poor concentration	___Unexplained losses of time
___Feelings of hopelessness	___Unexplained memory lapses
___Depressed mood	___Alcohol/substance abuse
___Sleep disturbances	___Frequent body complaints
___Diminished happiness	___Fear of gaining weight or getting fat
___Feelings of worthlessness	___Binge or restrictive eating
___Irritability	___Body image problems
___Feelings of restlessness	___Repetitive thoughts
___Muscle tension	___Homicidal thoughts
___Wild mood swings	___Suicide attempt
___Rapid speech	___Sexual issues or problems
___Anxiety	___Physical abuse
___Trauma	___Emotional abuse
___Panic attacks	___Sexual abuse

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How good is your physical health at present? Very good Good Satisfactory Unsatisfactory Poor

Are you currently under a physician's care? (circle one) Y N If yes, for what?

Are you currently receiving psychiatric services, counselling or therapy elsewhere ? (circle one) Y N

Prior outpatient psychotherapy or counselling? (circle one) Y N If yes, was prior counselling beneficial? Y N

Are you currently taking prescribed psychiatric medicine? (circle one) Y N

Medication and dosage:

Do you regularly drink alcohol? Y N

In a typical month, how often do you have 4 or more drinks in a 24 hr period? _____

Do you engage in recreational drug use? (circle one) Y N If yes: (circle one) daily weekly monthly rarely

Have you had suicidal thoughts recently? Frequently Sometimes Rarely Never

Have you had them in the past? Frequently Sometimes Rarely Never

Do you have any current or past experiences of sexual abuse or trauma? Y N Ask me about this.

Do you have any thoughts of hurting yourself or others?

Over the last year, have you experienced any significant changes or stressors? Y N (if yes, please describe)

Childhood family experience (check all that apply):
[ ] outstanding home environment [ ] normal home environment [ ] chaotic home environment
[ ] poverty (serious financial problems) [ ] experienced physical/verbal/sexual abuse
[ ] other ____

Social support system:
[ ] supportive network [ ] few friends [ ] no friends [ ] close extended family
[ ] distant from family of origin

Sexual history:
[ ] heterosexual orientation [ ] homosexual orientation [ ] bisexual orientation [ ] other
[ ] currently sexually active [ ] currently sexually satisfied [ ] currently sexually dissatisfied

Employment:
Occupation ______________ [ ] employed and satisfied [ ] employed but dissatisfied
[ ] unemployed [ ] change jobs a lot [ ] never in military
[ ] served in military: ________ to ________

Legal history:
[ ] no legal problems [ ] child custody proceedings [ ] divorce proceedings
[ ] current or pending court case [ ] other:____________________