

Client History		Client name			DOB		Initial Date		
22. Family History		Marital status		Single	Married	Divorced	co-habitation	Other	
# client's children		how long married?		how many times?					
23. LIST EVERYONE LIVING IN CLIENT'S HOME- (Minor Client – Also INCLUDE PARENT AND SIBLINGS LIVING OUTSIDE of HOME)									
#	Name	DOB	Age	Relationship	Education	Occupation			
1									
2									
3									
4									
5									
6									
7									
24. MEDICAL HISTORY – List immediate Family members illnesses									
PHYSICAL/EMOTIONAL HEALTH		If one person has more than one illness list each on separate line along with medication for that illness							
Name	Diagnosis	Medication	Ttxmt Dates	Doctor/ tel #					
EMOTIONAL HEALTH Services		Has client previously received treatment for emotional or behaviors issues?						yes	
IF YES COMPLETE LIST BELOW									
With who		Tel	What were they treated For				TXmt Dates		
Chemicals used by client and Family Members:			If 1 person uses more than 1 chemical list each on separate line						
Who uses	Alcohol	Cigarettes	Caffeine	Marijuana	Other drugs – Please list	Current Usage amount	Past Usage amount	Age Began	Age Stopped
Example: Jessie	X					6 pack a day	Heavy	20	Still using
Has Anyone in your family been said to abuse alcohol or drugs?									
In the past 6 months has anyone complained about Cl's use of drugs or alcohol?									
Has Client lost a relationship or job due to using alcohol or drugs?									
Additional comments you would like counselor to know									

Symptom checklist Pg 1	Client Name		DOB	Date
Include Client & Immediate Family Members	Client		Details Both Client and Family Members	
Indicate Frequency S= Sometimes O= often	O	Age Began	O	Name & << Details
S	S		S	
Suicidal Thoughts				
Suicidal Plan				
Suicidal Attempts				
Anxiety, sweating, tight muscles, dread				
Phobia/Panic attacks diff breathing lightheaded				
Delusional misinterpretation of perception				
Thinks someone out to get them when not real				
Hear ___or see___ things no one else does				
Injured self on purpose				
Depressed or hopeless- no interest in life				
Sadness ___ Irritable ___ crying ___				
Manic: Hyper always moving				
Rapid change in thoughts and feelings				
Sleeping disturb. Nightmares___ go w/o sleep ___				
Sleeps excessively –how much _____				
Eating problems too little __ too much__ stomach ___				
Vomiting _____ Binging _____				
Weight loss/ gain How much? ___ Time ___				
Learning Difficulty				
Impulsive do things before thinking				
Trouble with Memory				
Poor concentration				
Aggressive: Physically ___ Verbally __				
Purposely harmed animals				
Serious head Injury				
Extremely secretive or suspicious				
Sexual dysfunction				
Been stalked ___ stalked someone _____				
Been in relationship w/someone you're afraid of				
Accused of inappropriate sexual actions/abuse				
Accused of abusing others physically _____ verbally___				
Excessive sexual acting out				
Repetitive Behaviors, checking, washing				
Difficulty feeling happy or pleasure				
Overwhelmed can't deal with life				
Gambling issues				
Behaviors tried to stop can't				
Repetitive Behaviors: Tic's _____ Other				
Disabilities				
argumentative				
Worry				
Nervous and on edge				
Upsetting memories come into mind				
Avoids places & things associated with upsetting events				
Feel like unsettling events happening now				
Feeling numb in unreal world				
Physical sensations when remembering upsetting events				
Feel frightened				
Feel isolated				

Symptom Check List Pg 2	Client Name	DOB	Date	
Indicate Frequency S= Sometimes O= often	Client		Details Both client and Family Members	Family Members
	O S	Date Began	O S	Name & << Details
Feel guilt				
Avoid social activities due to nervous, insecure or embarrassed				
Feel the need to please others				
Difficulty feeling happy or pleasure				
People's worth depends on achievements				
Do things in excess				
Feel it's not ok to make a mistake				
People take advantage of me				
Terrified of being abandoned				
It is important for me to be admired				