



CLIENT INFORMATION

Date _____

Name: _____

Address: _____

Phone: Home# _____ Work# _____

Cell# _____ E-mail _____

Birth date: _____

Friend/Relative to contact in case of emergency:

Name: _____

Phone: Home# _____ Work# _____

Cell# _____

Please complete the questions below to the extent that you feel able and comfortable doing so. Feel free to skip questions that you prefer to discuss in person, or over time, as needed.

CURRENT FUNCTIONING

What prompted you to seek therapy at this time?

Do you have any recent changes (in work, relationship, living conditions, etc.)?

Do you have any recent injuries?



Any chronic physical discomfort or conditions?

Are you feeling depressed or anxious? What are the signs (for example, changes in sleeping, eating, or level of engagement)? How long have you felt this way?

What is your current pattern of use of alcohol, tobacco, cannabis and other drugs? Are there other behaviors you use to manage your mood (shopping, sex or pornography, overeating, etc.)?

Are you concerned about your use of these behaviors? Is anyone else in your life concerned?

If you had addictive use in the past, when was that? Have you addressed this in treatment, therapy or support groups? When?

Are you now, or have you ever been, engaged in self-injurious behavior?

Do you feel suicidal currently? Have you ever felt suicidal in the past? Ever attempted? Or been hospitalized?



HISTORY WITH THERAPY

What forms of psychotherapy and body work have you explored? When? What issues were addressed? Have you ever received a diagnosis? If so, how did that fit for you?

Has therapy been a positive experience for you?

Have you had any negative experiences associated with therapy? How has your experience of closure been?

Are you currently taking any medication? If so, who prescribed it, and for what condition? Does it have any side effects you are aware of? Is anyone monitoring your medication? When was it last reviewed? Have you taken medication in the past? If so, when and why did you stop?

LIFESTYLE and RELATIONSHIPS

Please list all the members of your current household, their birth dates, and relationship to you. Include whether children are in your home full-time or part-time.

How do you feel about your current living situation?

Are you currently working? In between jobs? In school? Retired? Disabled? How do you feel about your productivity?



What other parts of your life are currently active (creativity, spirituality, community service, recreation)? When do you most enjoy yourself, or feel most alive?

Do you exercise regularly? What kind of exercise do you do?

How is your diet? How much caffeine do you drink?

Which emotions do you feel relatively easily? Which emotions are more difficult for you to access or express?

How do you feel about your support system overall? Who do you confide in, or rely on?

Are you currently in a primary relationship? How long have you been in it? How satisfying is it?

What have been your previous significant relationships, with dates? Have you been married previously?



Are you now, or have you been, in any relationships you experience as abusive?

How do you feel about your body overall? Your sexuality?

Are you satisfied with your current sexual expression? Are there aspects of your sexuality which you want to heal or explore in therapy?

Have you ever been pregnant or impregnated someone? Describe briefly the outcome (birth, miscarriage, abortion), and how this experience went for you. Does it feel resolved?

DEVELOPMENTAL HISTORY

What do you know, either factually or intuitively, about your mother's pregnancy with you (e.g. family circumstances, feelings of parents, injuries or stresses to your mother)?

What about your birth, and the first several months of your life?

Please list the members of your family of origin, and their dates of birth (and death). Please note any significant mental health issues they may have had.



Describe your family in general – cultural/economic background, where you lived, and anything about that community or culture you'd like me to understand.

What are you most proud of about your family, or where you came from?

How did you feel growing up in your family? How did you try to feel successful? How did you cope with difficulties?

Describe your caregivers in terms of both what you appreciated, and what you found difficult:

Parent 1: (mother?)

Parent 2: (father?)

Additional: step-parents/grandparents/nanny:

Other: siblings, half-siblings:



Were there any memorable highlights as you were growing up (positive changes, accomplishments, growth opportunities)?

Any outstanding challenges (e. g. deaths, moves, job loss, divorce)?

How did you and your family respond to each?

Have you had any significant traumas (assaults, accidents, untimely deaths, etc.)?

Did you ever feel abused or neglected while you were growing up (physically, sexually, emotionally, spiritually)?
When, and by whom? Was anyone else aware of this, and how did they respond?

Have you witnessed the abuse of others? Have you initiated or participated in abusing another?

What aspects of your family life do you find yourself playing out now (both those that enhance your life, and those that are problematic)?



STRENGTHS/GOALS

What do you consider to be your greatest strengths?

What do you draw on in times of challenge?

Do you have any dreams or goals for 5 or 10 years from now? What are they?

If you were 90 years old and looking back on your life, what would you hope to see?

What do you want to accomplish in our work together?

Do you have any resistance, fears, hopes or questions you are aware of entering our work together?

Anything else you'd like me to know:

Thank you so much for taking the time and energy to complete this! I honor and appreciate your willingness to share your experience. I hope that this review has been valuable for you. I feel confident that it will support our collaboration toward your goals.

