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**HISTORY & ASSESSMENT**  
**Adult**

Client Name: \_\_\_\_\_

What are the concerns that led you to seek help?

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How long have these problems been present?

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Where there any significant life events that occurred in your life, or your family's life, around the time when the problems began?

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**TREATMENT HISTORY:**

Have you been under the care of a Psychiatrist (medical doctor who prescribes meds)?

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If yes, Name of Psychiatrist and Dates of Treatment?

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Have you received a previous psychiatric diagnosis?

If Yes, please list diagnoses:

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Any psychosis past or present? If yes, please describe here:

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**Medical and Developmental History:**

Current Medical Problems?

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Please circle any of the following health issues that might apply, past or present. Then, place a checkmark by any issue that is current/ongoing:

- |                            |                     |
|----------------------------|---------------------|
| Headaches                  | Diabetes            |
| Nausea/Stomachaches        | Seizures            |
| Meningitis or Encephalitis | Cancer              |
| High Fevers                | Blank Spells        |
| Head Injury                | Heart Problems      |
| Vision Problems            | High Blood Pressure |
| Dizziness                  | Overweight/obesity  |
| Speech Difficulty          | Stroke              |

Please explain any yes answers from the medical history above:

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Present Medications

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Has anyone in your family ever been hospitalized for an emotional illness or drug or alcohol problem? \_\_\_\_\_. If Yes, please explain?

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Has anyone in your family ever been incarcerated? \_\_\_\_\_. If yes, who, and for what?

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**Major Life Events**

Have you experienced any of the following in your life?

Significant Deaths	Yes	No
Violence in Family	Yes	No
Abuse in Family	Yes	No
Suicide	Yes	No
Medical Problems	Yes	No
Legal Problems	Yes	No
Financial Stressors	Yes	No
Addiction in Family	Yes	No

**Educational/vocational status:**

Highest Level of Education:

\_\_\_\_\_

Current Job? \_\_\_\_\_ How long? \_\_\_\_\_

Any educational and/or vocational plans for the future:

\_\_\_\_\_

\_\_\_\_\_

**Social Interaction:**

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

In a significant other relationship? \_\_\_\_\_ How long? \_\_\_\_\_

How often do you socialize with friends or family?

\_\_\_\_\_

Social Support/Family Support?

\_\_\_\_\_

Hobbies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Spiritual or religious preferences?**

Any spiritual beliefs that are important to you? Describe (optional, based upon whether such is relevant for you and the current concerns that brought you here):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please rate all of the following in terms of your experience of it, at any point in your life. Then, place a checkmark by any issue that you feel is relevant to your life NOW, and which could be a possible goal to address in your counseling sessions:**

Never 0	1	Rarely 2	3	Sometimes 4	5	6	Often 7	8	Always 9	10
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**Please rate the following on a 0–10scale, where 0 = not at all, and 10 = very much so.**

- \_\_\_ I was very close with my mother and had/have a good relationship with her.
- \_\_\_ I was very close with my father and had/have a good relationship with him.
- \_\_\_ I was very close with my siblings and had/have a good relationship with them.
- \_\_\_ My childhood was very good, all around.
- \_\_\_ I have several good friends.
- \_\_\_ I sleep well at night.
- \_\_\_ I have nightmares.
- \_\_\_ I enjoy spending time alone.
- \_\_\_ I have a tendency to agree with other people to avoid confrontation.
- \_\_\_ I don't like being around other people.
- \_\_\_ I like myself.
- \_\_\_ I have a healthy interest in sex.
- \_\_\_ I have a healthy self-esteem.
- \_\_\_ I am confused about my identity.
- \_\_\_ I put the needs/wants of others ahead of my own, even when it is inconvenient.
- \_\_\_ I think I am responsible for the way others feel and their behaviors.
- \_\_\_ I think I might have an alcohol or drug problem.
- \_\_\_ I am bothered by thoughts of killing myself.
- \_\_\_ I have a problem saying "no".
- \_\_\_ I let other people influence my feelings too much.
- \_\_\_ I get along with my spouse/significant other well.
- \_\_\_ I am happy and content with where my life is right now.