**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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:**

**INTERPERSONAL 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 \_\_\_School problems**

**\_\_\_Unhappy childhood \_\_\_Family problems**

**\_\_\_Emotional/behavior problems \_\_\_Medical problems**

**\_\_\_Legal trouble \_\_\_Drug/alcohol use**

**\_\_\_Strong religious upbringing \_\_\_Teased or bullied**

**\_\_\_Supportive parents \_\_\_Friendly neighbors**

**\_\_\_Supportive siblings \_\_\_Safe and secure neighborhood**

**\_\_\_Enjoyed school \_\_\_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 stepchildren, adopted children 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?**