**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your History & What Brings You to Counseling**

It can be helpful to do a little thinking or writing about past life events, challenges and strengths. So take a few minutes and jot down your thought about the following areas of your life. It helps us get to know you better. For some people, writing down some or all of this information might be triggering, and if so please fill out what you can do. Do what you feel comfortable with. For others, these questions will help clarify their challenges and the strengths and experiences that will help us in our work together.

**What made you contact us?**

What made you seek counseling? When did the challenges **start**? How do they **effect your daily life**?

How severe are the challenges? ❑ Mild ❑ Moderate ❑ Severe ❑ Very Severe

What do you see as your **main strengths**? How would your friends and family comment?

What do you see as you **main challenges**? How would your friends and family comment?

What do you most **want to change**?

What do you want to **stay the same**?

If you’ve had **therapy before**, describe the purpose, how long it lasted, how it turned out.

**Family & Growing up.**

Describe Your **Current & Past Relationships**.

Marriages & **long term relationship**s. Please list each one and how long they lasted. What caused a breakup if there was one?

**Children** & their ages.

**Who do you live** with currently?

Describe your **parents**.

**Sisters & Brothers**?

**Grandparents**?

**Pets**?

**Challenging relationships** and **supportive relationships** currently.

Describe any **losses** you’ve experienced including pets, family, relationships, job, financial, opportunity.

What were your **growing up years** like?

What events or conditions were important in your **childhood and teenage years** that made life harder for you or easier for you? For example, how often you **moved, bullying, illnesses, parents with mental health problems**. If your parents **divorced** how did it effect you? If you experienced **abuse or neglect**, what happened and how did you manage?

What was **school** like for you? How far did you get in school?

What **spiritual or religious practice** did you grow up with? Do you have a spiritual or religious practice now? Please describe.

**Leisure and recreation**

What do you do for **fun**?

What **actives have you let go of** that you used to enjoy?

**Health**

What **physical health challenges** have you experienced in the past? Currently experiencing? If you have chronic pain, please

Describe **your weekly physical activity**.

What do you **typically eat each day**? Do you enjoy eating? How stressful is your relationship with food? Tell us more if so.

What do you **smoke, drink or use that is mind altering**? How about in the past?

What do you do with your **free time**?

How’s your **sleep**? Do you wake up refreshed? Have regular bed and rising time?

When did you last see your **doctor for a check up**?

What **illnesses** run in your family?

If anyone has **attempted or completed suicide in your family**, please describe.

**Work and Money**

What have you done for **work**? What did you most enjoy? Least enjoy? What kind of work do you do now?

How would you **rate the stress level** of your job if you are working currently?

If you have served in the **military**, please list the dates and what it was like for you. Did you see active duty?

How do you **manage money**? Do you have enough to meet your bills each month? Are you able to save and plan for retirement?

What **dreams** have you postponed or given up on?

**Legal Issues**

What legal issues have you faced such as lawsuits, mediation, custody, divorce or jail? How did it work out?

**Well-Being**

Do you feel like your **home is a sanctuary**? Why or why not?

What makes you **sad**?

Have you ever been so sad you **thought of harming yourself** or **taking your life**? Please tell us about this.

What makes you **angry**?

Have you ever been so angry you seriously **thought of harming someone**? Have harmed someone? Please describe.

What makes you **happy**?

What do you **worry** about?

What **thoughts** go through your mind most often?

What are your **hopes and dreams**?

What sorts of therapy or leisure activity have **increased your sense of well being**?

**What else?**

What else would you like to express? Or like us to be aware of?