CLIENT SELF-ASSESSMENT

Client: _____ **Date:** _____

CURRENT CONCERNS

Check any of the following behaviors or concerns that you would like help with:

___alcohol use	___sleep	___temper	___parenting problems
___drug use	___memory	___risk taking	___fertility problems
___tobacco use	___concentration	___headaches	___financial problems
___overeating	___fear/phobia	___chronic pain	___relationship problems
___overworking	___impulsivity	___PMS	___sexual dysfunction
___obsessions	___depression	___loneliness	___sexual addiction
___compulsions	___anxiety	___legal problems	___gambling problem
___eating disorder	___mania	___social isolation	___work difficulties

Other : _____

Which of the above behaviors would you most like to change?

_____

Describe your preferences in making change (fast vs. slow; painful OK vs. painless; like to do it alone vs. need others' help; little planning vs. alot of planning)

_____

_____

HEALTH HISTORY

Current/previous psychotherapy (give name(s), dates, duration, kind of therapy and outcome):

_____

_____

Please describe any negative experience with a former psychotherapist or psychiatrist:

_____

_____

Have you ever been hospitalized for a psychiatric problem? If yes, please give details:

_____

Current health (include any medical problems): Circle one: poor fair good excellent

_____

Chronic health problems:

_____

_____

Current prescribed medications and homeopathic remedies: _____

_____

Current complementary treatments (acupuncture, massage, etc.): _____

_____

Name and phone no. of your primary care physician:

_____

Name and phone no. of psychiatrist, psychotherapist, and/or other significant health care providers:

_____

_____

EMPLOYMENT/EDUCATION

What kind of work are you doing now? _____

How satisfied are you with the kind of work you are doing?

_____

_____

How satisfied are you with your current employment situation?__Please identify any stressors such as difficulties with supervisor, co-workers, work hours, duties, or other issues:

_____

_____

Current vocational goals:

_____

Highest level of education achieved: _____

Do you have any plans to further your education?_____If so, describe: _____

_____

FINANCIAL/LEGAL:

Please describe any financial concerns you have:

_____

_____

Are you currently involved in any civil or criminal legal actions?____If so, please describe:

_____

Do you have a pending workman's comp or disability claim?____If so, please describe:

_____

Is it 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 kind of leisure activities do you participate in? (indicate how many times per week or month you engage in these activities)

_____

_____

How often do you exercise? ___never __rarely __occasionally ___few x 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 recently have done:

Describe current or recent involvement in any community, social, or religious organizations:

INTERPERSONAL RELATIONSHIPS

PERSONAL HISTORY

Siblings: **Number of Brothers:_____Brothers' Ages: _____**
Number of Sisters:_____Sisters' Ages: _____
If deceased, name/age at time of death:____Your age then:_____
If deceased, name/age at time of death:____Your age then:_____
Your sibling order: _____

Father: **Occupation:_____Health:_____Age:_____**
If deceased, age, year of death_____Your age then:_____
Cause of Death: _____

Mother: **Occupation:_____Health:_____Age:_____**
If deceased, age, year of death:_____our age then:_____
Cause of Death: _____

Which of the following apply to your childhood/adolescence:

___happy childhood
___unhappy childhood
___emotional/behavior problem
___legal trouble
___strong religious upbringing
___supportive parents
___supportive siblings
___enjoyed school
___school problems
___family problems
___medical problems
___drug/alcohol use
___teased or bullied
___friendly neighbors
___safe/secure neighborhood
___unsafe/dangerous neighborhood

Describe your father and the relationship you had with him as a child and as an adult:

_____

_____

_____

Describe your mother and the relationship you had with her as a child and as an adult:

_____

_____

_____

Describe any significant positive or negative relationships you have had with relatives:

_____

_____

If you have ever been physically or emotionally abused, describe by whom, under what circumstances, and for how long:

_____

_____

Did any member of your immediate or extended family suffer from alcoholism, depression, anxiety, panic attacks, or anything that might be considered a "mental disorder"? _____ If yes, please provide details:

_____

_____

_____

Has any member of your family ever been hospitalized or treated on an outpatient basis for a psychiatric problem?___If yes, please provide details:

_____

_____

_____

ROMANTIC/LOVE RELATIONSHIPS

Take a moment to think about your experiences in romantic love relationships.

Read each of the three self-descriptions below (A, B, and C) and then place a checkmark next to the single alternative that best describes how you feel in romantic relationships or is nearest to the way you feel. (Note: The terms "close" and "intimate" refer to psychological or emotional closeness, not necessarily to sexual intimacy.)

_____A. I am somewhat uncomfortable being close to others; I find it difficult to trust them completely and difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, others want me to be more intimate than I feel comfortable being.

_____B. I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't worry about being abandoned or about someone getting too close to me.

_____C. I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to get very close to my partner, and this sometimes scares people away.

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 you in this relationship now?

___not at all ___very little ___somewhat ___moderately ___highly

Please describe any significant relationship or partnership losses that have impacted you:

_____

_____

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 yes, please describe by whom, under what conditions:

_____

_____

Please describe any sexual concerns, experiences or incidents not mentioned above:

_____

Any sexual practices or compulsions which are a problem for you or for others:

_____

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, describe: _____

_____

Information you consider relevant regarding infertility, pregnancies, abortions or miscarriages:

_____

SOCIAL RELATIONSHIPS

Identify specific relationships with people with whom you feel comfortable:

_____

_____

Identify specific relationships with people with whom you feel uncomfortable:

_____

_____

With which people are you closest to now? (your inner circle): _____

_____

_____

How comfortable are you in social situations?

__not at all _somewhat _moderately _highly

Do you have trouble speaking up for yourself?_____If yes, with whom or in what kinds of situations?

_____

_____

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 organization or spiritual group:

How regularly do you participate?

Describe your religious upbringing, parochial education, and anything particularly positive or negative about these experiences:

NODAL LIFE EVENTS

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:

0-10

11-20

21-30

31-40

41-50 _____

_____

_____

_____

51-60 _____

_____

_____

_____

61-70_ _____

_____

_____

_____

70+ _____

_____

_____

_____

Any other information that might be useful in planning your therapy:

_____

_____

_____

_____

_____