

Client History

(Q) Why are you seeking help now?

(A)

(Q) Please give more details about the issue you named above.

(A)

(Q) Have you ever experienced similar or other mental health symptoms before? Do you have any mental health diagnoses?

(A)

(Q) Has anyone in your family ever experienced mental health or substance use issues?

(A)

(Q) Do you have any current or prior medical issues?

(A)

(Q) Are you currently prescribed any medications?

(A)

(Q) Do you now, or have you ever, used alcohol, tobacco, recreational drugs, or prescription medication other than as prescribed?

(A)

(Q) Who is in your family? What is your relationship with them like?

(A)

(Q) What social activities and relationships do you engage in?

(A)

(Q) What spiritual practices and cultural influences are important to you?

(A)

(Q) What was life like as you were growing up, both at home and in school?

(A)

(Q) What significant educational and work/volunteer experiences have you had?

(A)

(Q) Do you have any current or prior legal issues?

(A)

(Q) What strengths and abilities are you bringing to the session?

(A)

(Q) Who referred you?

(A)

(Q) If not signed by patient, please indicate relationship:

(A)

Signature:

Date: