Problem Information

Patient Name:
Briefly describe your chief concern:
Briefly describe the history and development of your concern from onset to present:
Describe your efforts to resolve your concern:
Current Stressors (describe HOW the following areas are stressful):
Marriage/Home
Children/Parents
Work/School
Financial
Social
Spiritual
Sexual
Other
Rate how strongly you want to change your present problem on the scale below:
(Don't want to change) 1 2 3 4 5 6 7 8 9 10 (Desperately want to change)
Identify any specific concerns or anxieties you have about counseling:
What are your goals for counseling (be specific)

Previous counseling? Y N WhenBy Whom
How helpful was previous counseling?
PERSONAL HISTORY
Describe any hobbies or interests you have
What club or organizational meetings do you attend?
What is your religious affiliation/Do you attend church?
Have you had any difficulties with the lawIf so, explain:
Trave you ridu arry difficulties with the law if so, explain
MILITARY HISTORY
If you are a veteran, list your rank and duties
Describe any demotions, court martials, etc:
Where were you stationed and when
Were you hospitalized while in the serviceHow long
Did you receive compensation for a service disability
What kind of discharge did you receive
Describe your military experience
IOD HICTORY
JOB HISTORY
Are you presently employed?
How long have you been employed there?

Do you enjoy your prese	nt position?	Why/W	'hy not?		
List any previous employ	ment, how	long employed, a	nd why you left ea	ch position	
If you could have any job	you wante	d, what would yo	u choose?		
FAMILY HISTORY					
If you were not brought	up by your p	parents, who raise	ed you?		
Between what years?	Wł	no took primary ca	are of you as an inf	ant?	
How were you discipline	d as a child	and by whom?			
Give your impression of everyone else were				_	ompatible you and
Which siblings were you	closest to g	rowing up?			
Which gave you the mos	t trouble an	nd why?			
As you were growing up,	, how was lo	ove expressed in y	our home?		
How was anger expresse	ed?				
Were you or your sibling	s ever physi	ically and/or sexu	ally abused, assaul	ted, or neglec	ted?
Name	Age	Education	Occupation	Location	State of Health
Father					
Mother					
Brother					
Brother					
Sister					
Sister					

Describe playing before you started school
Describe yourself as a child (quiet, active, shy)
Did you change while growing up? How and When?
As a child, what things would make you angry?
How did you express your anger?
How did you seek attention/affection?
How easy was it for you to make friends in school?
Later on, as you grew up, how easy was it?
What people did you feel close to in your childhood?
DATING AND MARRIAGE
How old were you when you began dating and how often did you date as a teenager?
What was your dating experience like?
What sexual education did you receive? When and from whom?
Please describe your first encounter
Are you: MarriedDivorcedSingleWidowed
How long have you been married to your present spouse? If married previously, how many times have you been married? How long each time?
How and why did you separate?
Describe the strengths of your marital relationships
Describe the relationship with your in-laws
Does your spouse have an illness or physical challenge and if so, what kind

Who handles the money?explain	Is there ever any conflict about this arrangement? If so,
List below any children by your pres	sent marriage (Name/Age/Sex)
List below any children by your prev	vious marriage/your spouses previous marriage
Do any of your children have emotion	onal, physical, or behavioral challenges?
Do you have any children who are r	not living If so, list sex, age at time of death, year, and cause of
Which child seems easiest to get alo	ong with and why?
Which child is most difficult and wh	y?
Who disciplines the children and ho	ow?
SCHOOL HISTORY	
What grade school/s did you attend	1?
Where	When
What high schools did you attend?_	
Where	When
What other schools did you attend?	?
Where	When
What two subject did you enjoy the	e most?
	he least?
	Above Average Average Below Average
When did you leave school?	Why?
	hool?
List the highest grade you complete	ed or degrees
	school

SYMPTOMS CHECKLIST

Please check symptoms that you have experienced in the past six months.

PATIENT NAME	DATE			
ACTIVITY	NONE	MILD	MODERATE	SEVERE
Decrease in energy or fatigue	0	0	0	0
Hyperactivity	0	0	0	0
Impulsivity	0	0	0	0
Increased social, occup, or				
sexual activity	0	0	0	0
Psychomotor agitation	0	0	0	0
Psychomotor retardation	0	0	0	0
Restlessness	0	0	О	0
BEHAVIOR	NONE	MILD	MODERATE	SEVERE
Academic or work inhibition	0	0	0	0
Aggression or rage	0	0	0	0
Antisocial	0	0	0	0
Compulsions	0	0	0	0
Deceitfulness or theft	0	0	0	0
Destructive	0	О	0	0
Disorganized	0	0	0	0
Oppositional/defiant	0	О	0	0
Reckless	0	0	0	0
Self-injurious	0	0	0	0
Social withdrawal	0	0	0	0
Violation of rules or rights of others	0	0	0	0
ANXIETY / PHOBIA	NONE	MILD	MODERATE	SEVERE
Anxiety	0	0	0	0
Fear of separation	0	0	0	0
Jitteriness	0	0	0	0
Panic attacks	0	0	0	0
Phobic responses	0	0	0	0
Somatization	0	0	0	0
Worrying	0	0	0	0
MOOD / AFFECT DISTURBANCE	NONE	MILD	MODERATE	SEVERE
Anger	0	0	0	0
Apathy	0	0	0	0
Blunted or flat affect	0	0	0	0
Depressed Mood	0	0	0	0
Elevated or expansive mood	0	0	0	0
Excessive or inappropriate guilt	0	0	0	0
Excitability	0	0	0	0
Feeling worthless	0	0	0	0
Grandiosity	0	0	0	0
Helplessness	0	0	0	0
Hopelessness	0	0	0	0
Irritability	0	0	0	0
Hostility	0	0	0	0

MOOD / AFFECT DISTURBANCE (con't)	NONE	MILD	MODERATE	SEVERE
Loss of interest or pleasure	0	0	0	0
Low self-esteem	0	0	0	0
Marked mood shifts	Ο	0	0	0
Tearfulness	0	0	0	0
		_	-	
SLEEP DISTURBANCE	NONE	MILD	MODERATE	SEVERE
Early morning awakening	0	0	0	0
Hypersomnia	Ο	0	0	0
Insomnia	0	0	0	0
COGNITION/MEMORY/ATTENTION	NONE	MILD	MODERATE	SEVERE
Aphasia	0	0	0	0
Diminished ability to think	0	0	0	0
Distractibility	0	0	0	0
Impaired abstract thinking	0	0	0	0
Impaired judgment	0	0	0	0
Indecisiveness	0	0	0	0
Memory impairment	0	0	0	0
Poor attention or concentration	0	0	0	0
FORM/AMOUNT OF THOUGHT/SPEECH	NONE	MILD	MODERATE	SEVERE
Circumstantiality	0	0	0	0
Flight of ideas	0	0	0	0
Incoherence or loosening of associations	0	0	0	0
More talkative than usual	0	0	0	0
Pressured speech	0	0	0	0
Racing thoughts	0	0	0	0
Slurred speech	0	0	0	0
PERCEPTUAL/THOUGHT DISTURBANCE	NONE	MILD	MODERATE	SEVERE
Delusions	0	О	0	0
Depersonalization	0	0	0	0
Grandiosity	0	0	0	0
Hallucination	0	0	0	0
Obsessions	0	0	0	0
Paranoid ideation	Ο	0	0	0
Recurring recollection of distressing events	0	0	0	0
Suicidal ideation	0	0	0	0
PHYSICAL SIGNS & SYMPTOMS	NONE	MILD	MODERATE	SEVERE
Autonomic	0	0	0	0
Cardiovascular	0	0	0	0
Gastrointestinal	0	0	0	0
Neurologic	Ο	0	0	0
Pain	0	0	0	0
EATING DISTURBANCE	NONE	MILD	MODERATE	SEVERE_
Binge eating	0	0	0	0
Decreased appetite	Ö	Ö	0	0
Increased appetite	Ö	Ö	0	0
Inability to maintain normal body weight	0	0	0	0
Self induced vomiting	0	0	0	0
3				

SUBSTANCE USE	NONE	MILD	MODERATE	SEVERE
Continued use in spite of knowledge of effects	0	0	0	0
Disrupts daily functioning (social life)	0	0	0	0
Inability to decrease use	0	0	0	0
Persistent desire for substance	0	0	0	0
Tolerance	0	0	0	0
Withdrawal	0	0	0	0
Excessive time to obtain, use or recover from effects Drug(s) of choice:	0	0	0	0

OTHER SYMPTOMS:	NONE	MILD	MODERATE	SEVERE
	O	0	0	0
	O	0	0	0
	O	0	0	0
	O	0	0	0
	O	0	0	0
	O	0	0	0
	О	0	0	0