

ASSESSMENT

Name _____ Date _____
Phone _____ Address _____
Email _____ Date of Birth _____

Do you have any history or current issues with Medical/Psychiatric/Addiction/Codependency? Which ones, explain.

What medications are you presently taking?

Are there any unresolved family issues from your childhood? What kind, explain.

Do you have any history or current issues with physical/emotional/sexual/spiritual abuse? Which ones, explain.

Have you ever had suicidal attempts or ideations if so, when?

What is your current relationship status? What is your history with relationships?

Have you been in counseling or treatment before, if so, when and for what?

What are your goals for counseling at this time?