

CLIENT ASSESSMENT

Please answer the following questions as completely as possible; information will be used to help develop specific goals so that I can provide the best assistance possible.

Name (please print): _____ **Date:** _____

Personal Contact: Is it okay to contact you:

At home: Phone: ___ yes ___ no Leave message? ___ yes ___ no Mail? ___yes ___ no

At work: Phone: ___ yes ___ no Leave message? ___ yes ___ no Mail? ___ yes ___no

Emergency Contact:

Name / Relationship: _____ Phone: _____

Personal History

Home & Family: Current living situation (with whom and how long):

Family of Origin:

Name:	current age:	current whereabouts:
Father _____	_____	_____
Mother _____	_____	_____
Sibling's _____	_____	_____
_____	_____	_____
_____	_____	_____

Any Family History of Mental Illness / Emotional Problems or Substance Abuse? (if yes please explain)

Marital History

Spouse Name:	Dates & Status of Marriage:	Children / Ages:
Current _____	_____	_____

Former _____	_____	_____

Any vocational or specialized training (when & where received):

Military Status: Dates & branches served, and discharge status (if not honorably discharged, reason):

Leisure time Activities / Hobbies:

Employment History:

	f/t or p/t:	type of work:	company name:	dates:
current	_____	_____	_____	_____
	_____	_____	_____	_____
past	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Legal History (problems with police / legal system, including prison / jail time):

Medical: Are you currently under the care of a physician? If no date of last physical exam _____ If yes list reason and any medications you may be taking.

Substance Use. Do you drink alcohol? If yes how much and how often?

Do you use any illegal drugs? If yes, what and how often?

Do you overuse any prescribed medication?

Ever had any counseling or treatment for substance abuse? If yes, when and where?

Do you have any disabilities? If yes, type (physical, visual, hearing)

Financial

Do you have any financial stress? If yes, explain:

HISTORY OF OTHER PROBLEMS

Description of Past Problems: Describe any emotional / mental / substance abuse problems that you may have had in the past, when you had the problem, and what you did about them.

Any History of Trauma (incl. physical / sexual abuse, other violence, etc.):

Any History of Suicidal Attempts or Ideation: No _____ Yes _____
(if you answered yes please explain)

Other Information: Is there anything else I should know to help you (that hasn't already been asked?)