

### Client Personal Profile

#### I. General Information

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Which of the following phone number(s) will be okay to leave messages? Home \_\_\_\_ Work \_\_\_\_ Cell \_\_\_\_

Best time to contact you \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Place and Country: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date Married/Divorced: \_\_\_\_\_

Living with Someone: \_\_\_\_ Yes \_\_\_\_ No Ethnic Group: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Male(s) \_\_\_\_ Female(s)

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employed: \_\_\_\_ Yes \_\_\_\_ No How Long: \_\_\_\_\_

Referral: \_\_\_\_ Yes \_\_\_\_ No Referred By: \_\_\_\_\_

Briefly describe what you are seeking counselling for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have these been a concern? \_\_\_\_\_

Have you ever had counselling before? \_\_\_\_\_ How long ago? \_\_\_\_\_ Where? \_\_\_\_\_

For what? \_\_\_\_\_ Was it helpful? \_\_\_\_\_

If not, briefly describe \_\_\_\_\_

What would you like to get out of counselling? \_\_\_\_\_

Are you under a doctor’s care? If yes name of doctor: \_\_\_\_\_

Medications: \_\_\_\_\_

Last medical examination \_\_\_\_\_

Presently abusing: Drugs \_\_\_\_\_ Prescription \_\_\_\_\_ Alcohol \_\_\_\_\_

If abusing: What did you use? \_\_\_\_\_ When was the last time you used: \_\_\_\_\_

**In Case of Emergency:**

Person to Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

I give permission for my counsellor to contact the above person in the event of an emergency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: ADDITIONAL PAPER MAY BE REQUIRED TO ANSWER THE QUESTIONS. PLEASE INDICATE THE QUESTION AND ATTACH TO THE CORRESPONDING PAGE.**

**II. Family Relationship**

**A. Relationships**

- 1. What words would you use to describe your parents’ marriage?

2. How would you describe the atmosphere in your family while growing up and currently?
  
3. How was your relationship with your mother growing up?
  
4. What was it like to be your mother's son/daughter?
  
5. What was your relationship with your father growing up?
  
6. What was it like to be your father's son/daughter?
  
7. How many brothers? \_\_\_ sisters? \_\_\_ Are you the oldest? \_\_\_ youngest \_\_\_ middle? \_\_\_ Are you adopted? \_\_\_
8. Describe your past and present relationships to each of your siblings?
  
9. Who would you go to for comfort?
  
10. To whom did you feel close?
  
11. How would you describe yourself as a child?

12. What was discipline like in your family?

13. How would you describe the atmosphere in your family?

14. If you had to describe your “role” in the family, what would it be? For example, the peacemaker, the communicator, the parent, the scapegoat.

**B. Health:**

1. Are there any addictive problems in your family history (alcohol, drugs, nicotine, workaholics etc)?

2. Is there any history of mental, physical or emotional illness in your family?

**III. Personal**

**A. Significant past events:**

1. List any major illnesses or injuries? Was hospitalization required?

2. Describe your eating habits (i.e., are you a junk food addict, do you eat regularly or sporadically, is your diet balanced, etc.?)

3. Do you have any addictions or cravings that you find difficult to control (sweets, drugs, alcohol, tobacco, food in general)?

4. List any medications that you presently take for either physical or psychological reasons?
  
5. Do you have any sleeping problems? Are you having any recurring dreams, nightmares or disturbances?
  
6. Have you experienced the death of a loved one or someone close to you?
  
7. What is the worst loss that you have ever experienced?
  
8. If your emotional pain could speak what would it say?
  
9. Please describe your experience with education.
  
10. What was school like for you and what kind of student were you?
  
11. How many moves and school changes occurred during the school years?
  
12. Have you ever been abused verbally or mentally, physically, or sexually? Explain.

13. Have you been and/.or are you presently involved in pornography on the internet or magazines? Explain.

**B. Mental & Spiritual**

1. Do you spend much time wishing you were somebody else or fantasizing that you were a different person, or possibly imagining yourself living at a different time, place or born into a different family? Explain.
2. Do you listen to music a lot and what type do you enjoy the most?
3. Do you have any spiritual affiliation? If yes what group?

**C. Social**

1. Did you have one or two close friends as a teenager? \_\_\_\_\_
2. Did you tend to be a follower or a leader with friends? \_\_\_\_\_
3. How old were you when you first dated? \_\_\_\_\_
4. Do you have friends now? Or acquaintances? \_\_\_\_\_
5. Do you have a satisfactory network of friends, family, groups? \_\_\_\_\_
6. How would you describe the types of people you associate with? (What is your role with friends and acquaintances? Helper, victim, other?)

**D. Emotional**

1. Which of the following areas are concerns for you now or in the past? Circle those that you consider the most important.

- |             |                       |
|-------------|-----------------------|
| Anger       | Social relationships  |
| Anxiety     | Eating                |
| Confusion   | Trouble concentrating |
| Depression  | Sexual                |
| Guilt       | Stress                |
| Frustration | Work                  |
| Loneliness  | Worry                 |

- |                                    |                            |
|------------------------------------|----------------------------|
| Worthlessness                      | Discouragement             |
| Depression                         | Insecurity                 |
| Hatred                             | Doubts                     |
| Bitterness                         | Irritability               |
| Day dreaming                       | Confusion                  |
| Fantasy                            | Compulsive thoughts        |
| Inadequacy                         | Obsessive thoughts         |
| Unforgiveness                      | Lustful thoughts           |
| Jealousy                           | Fear of losing your mind   |
| Temper                             | Fear of committing suicide |
| Impatience                         | Fear of hurting loved ones |
| Abuse(emotional, physical, sexual) | Fear of terminal illness   |
| Education                          | Fear of going to hell      |
| Family problems                    | Fear of death              |
| Financial problems                 | Fear of _____              |
| Other                              |                            |

2. Concerning your emotions, whether positive or negative, which of the following describes you? Please circle those that apply.

- Readily expresses them all
- Express some emotions but not all
- Tendency to suppress emotions
- Disregard my feelings
- Readily acknowledges them, but reserved in expressing
- Feel safest not expressing my emotions
- Consciously or subconsciously deny them
- Other: \_\_\_\_\_

**E. Self-Description**

1. In what kinds of situation do you most readily lose self-control? (e.g. temper, impatience, uncontrolled crying)

2. In what situations are you best able to maintain self-control?

3. Give a word picture description of how you see yourself?

4. How would you describe your way of coping with:

a. Stress: \_\_\_\_\_

b. Anxiety: \_\_\_\_\_

c. Anger: \_\_\_\_\_

d. Conflict: \_\_\_\_\_

**F. Physical**

1. Appetite and Weight: Any changes in weight or appetite? Any dieting? Any vomiting?
  
2. Allergies: Any allergies?
  
3. Sleep: Any problems getting enough sleep? Please explain.
  
4. Energy: What has your energy level been like?

**IV: Personal Counselling:**

1. If you have had counselling in the past, with whom, what kind, how long, and how recent? How you describe your experience to counselling?
  
2. Briefly describe your present concern or problems:
  
3. What person, situations, activities, etc. seem to “trigger” these concerns or make them worse?
  
4. On the scale below, please indicate your present mood:  
0 = life is not worth living    10 = life is great and you are feeling optimistic about your present and future

**Depression**

0      1      2      3      4      5      6      7      8      9      10





If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

8. Is there anything else about which you think it would be helpful for me to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you comfortable with an Intern Therapist? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(All Intern Therapists are supervised by the Executive Director and Clinical Supervisor.)

**We recommend for you to NOT email this document since it contains your personal information. Thus, any internet-based communication is not guaranteed to be secure / confidential. However, if you choose to send your completed Client Personal Profile via email, the Door of Hope Counselling Clinic will not take responsibility for any risks involved. If this is your personal choice, then you can email it to: [info@doorofhopecounselling.com](mailto:info@doorofhopecounselling.com).**