

Initial Counseling Assessment

Name _____ Date _____

Address _____

Phone # _____ work # _____

In case of Emergency / contact _____

Current employment _____ how long _____

1. Are you currently seeing a counselor? _____ what for ? _____

2. Have you in the past? _____ what for? _____

3. Are you on any medications? _____

4. Describe your home life / who do you live with? _____

5. Describe any other significant relationships _____

6. Describe your childhood: (circle ones that apply)

Happy	sad	depressed	alone
protected	secure	moved around	Loved
emotional	abused sexually	abused physically	abused emotionally
Chronic Anger	stable	scared	foster care / adoption

7. Are you currently:

Harming yourself	Harming others	substance abuse	suicidal
addicted to _____		withdrawn	depressed violent

8. Do you have any Criminal history ? _____

Misdemeanor	Felony	Prison	County jail
Probation / Parole		Restraining order	

9. Spiritual history –

Attend church	Christian	Non-Christian	not sure
dabble in, or curious about the occult		Read the Bible	Pray regularly
raised by Christian Parents		conservative views	liberal views
surrounded by hypocrites		struggle with forgiving myself / others	