

Lynn McGregor, PLLC
Client Intake – Confidential Personal History

Client’s Name: _____ Date of Birth: _____ Age: _____ Today’s Date: _____

Address: _____ Phone: _____ Email: _____

1. **Presenting Problems** (List the main problems that you would like to address in counseling):

- 1.
- 2.
- 3.
- 4.
- 5.

Current Medical Issues:

Medications and Purposes for Each:

2. **CURRENT Family Members:** (Spouse, Children – if any. Or if single, no children, skip to next section)

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>How Related</u>	<u>Marital Status</u>	<u>Where Living</u>	<u>Level of Ed.</u>	<u>Occupation</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Family Members of ORIGIN – (Living in your home growing up - Include parents, step-parents, siblings, half-step, etc.)

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>How Related</u>	<u>Marital Status</u>	<u>Where Living</u>	<u>Level of Ed.</u>	<u>Occupation</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Describe your relationship with your father/step-father, both positive & negative:

Describe your relationship with your mother/step-mother, both positive & negative:

Who in your family were you closest to?

Who in your family did you have the most difficulty with?

What is your family ethnic or cultural background?

Describe any **family history** of psychiatric problems, substance abuse problems or major medical problems in family of origin: (Include addictions, anxiety/panic disorders, depression, obsessive-compulsive disorders, bi-polar disorders, schizophrenia)

<u>Family Member:</u>	<u>Type of Problem:</u>	<u>Treatment/Medications?</u>	<u>Current Status:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Developmental History:

Any **medical problems** or **unusual circumstances** during **the first 5 years of life?**

History of major medical problems throughout life:

<u>Issue</u>	<u>At what age?</u>	<u>Outcome/Result</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Significant History of Events:

List 5-7 Best Life Events and 5-7 Most Difficult Life Events and the age at which it occurred:

Best:

Age:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Most Difficult:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Educational Background:

High School Attended: _____ Grad? _____

College Attended: _____ Grad? _____ Grad/Degree? _____

Graduate School Attended: _____ Grad? _____ Grad/Degree? _____

Future Educational or Career Related Goals:

Work History:

Current Employer: _____

Title/Occupation: _____

What do you like about your work?

What are current work related stressors?

Previous type of work done:

Social Involvement:

What are your regular recreational hobbies, interests, or activities?

Who are your closest personal supportive relationships outside of family?

And how satisfied are you with the **quality** and **quantity** of friends?

Spiritual Background:

What is your faith background that you grew up in, if any? _____

How would you describe your current spiritual involvement, and importance to you, if any?

Marital/Relational History: (List any marriages, divorces, common law relationships, children, custody issues, current status. If single, please list any significant relationships.)

<u>Spouse/Significant Other</u>	<u>When to When?</u>	<u>Children? Current Age, Custody:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

On a scale of 1 -10, with 10 being the best, how would you rate your current relationship (if applicable)?

What, from your perspective, would be needed to improve your current relationship?

Sexual History:

Briefly list any areas of concern to you: conflicts over type and frequency of sexual activity, incompatibility in your current relationship, emotional or sexual affairs, addiction to pornography, lack of desire sexually, sexually transmitted diseases, prostitution, lack of fulfillment, etc.

Substance Use: (List the following for any alcohol or drug use, legal or illegal, or any prescription drug abuse)

<u>Substance Used</u>	<u>What Age(s)</u>	<u>Frequency?</u>	<u>Amount each use?</u>	<u>Date of Last Use?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family History of Substance Use: _____

Mental/Emotional:

Have you ever struggled with suicidal thoughts? If so, when? _____

Have you ever had a suicide attempt? _____ If so, when? _____

What method(s) did you try to use? _____

What help or treatment, if any, did you receive? _____

Personal Strengths and Weaknesses:

What special gifts, talents, skills, abilities do you have (creative arts, music, athletic abilities, computers, hobbies, knowledge, interests)? _____

What would other people say they like about you? _____

What are your life goals and dreams? _____

Counseling Process:

What are your fears or concerns about counseling? _____

In what ways do you hope counseling will help? _____

How long do you anticipate to be in counseling? _____

What is your history with counseling, and what worked for you and what didn't? _____

Is there anything else you'd like your counselor to know that hasn't been asked?