





## Physical Health

How would you rate your current General Health?

Poor\_\_\_\_\_ Satisfactory\_\_\_\_\_ Fair\_\_\_\_\_ Good\_\_\_\_\_ Very Good\_\_\_\_\_

Please list any Health concerns you are currently experiencing? \_\_\_\_\_

\_\_\_\_\_

Are you currently under a physician's care? \_\_\_\_\_

Physician: \_\_\_\_\_

Have you had any recent changes to your health in the last year (eating, sleeping, energy):

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

Are you taking any prescription medication? \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Any recurrent or chronic conditions? \_\_\_\_\_

How often do you exercise? \_\_\_\_\_

What kind of exercise do you participate? \_\_\_\_\_

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## **Mental Health & Counseling History**

Please identify in the section below if there is any family history of the following and if yes, please provide their relationship to you. (e.g., Grandparent, father, uncle, sibling etc.)

Alcohol/ Substance Abuse      Yes\_\_ No\_\_      Family Member \_\_\_\_\_

Anxiety      Yes\_\_ No\_\_      Family Member \_\_\_\_\_

Depression      Yes\_\_ No\_\_      Family Member \_\_\_\_\_

Obesity Yes\_\_ No\_\_ Family Member\_\_\_\_\_

Obsessive Compulsive Disorder Yes\_\_ No\_\_ Family Member\_\_\_\_\_

Schizophrenia Yes\_\_ No\_\_ Family Member\_\_\_\_\_

Suicide Attempts Yes\_\_ No\_\_ Family Member\_\_\_\_\_

Domestic Violence Yes\_\_ No\_\_ Family Member\_\_\_\_\_

Eating Disorders Yes\_\_ No\_\_ Family Member\_\_\_\_\_

Other: Yes\_\_ No\_\_ Family Member\_\_\_\_\_

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Have you had any previous counseling or been hospitalized for mental health? (How was your experience? Anything particular that you liked or disliked about prior counseling, what specifically do need from your counseling experience—hand-outs, assignments, safe place to talk, other?)

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\_\_\_\_\_

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Have you ever felt suicidal/homicidal? How frequently? Have you ever attempted or had plan?

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\_\_\_\_\_

\_\_\_\_\_

Safety Plan:

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**Education, Work History, Self-Care**

Level Education \_\_\_\_\_ (High School, College, Trade, Certifications)

Occupation \_\_\_\_\_ How long \_\_\_\_\_

Other:

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Is your currently job fulfilling? Is there anything stressful about your current work?

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What is your relationship like with your boss, co-workers, those you supervise?

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Have you had any bad experiences with work (lay-off, inappropriate relationship, harassment)

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*If presently unemployed describe the situation*

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***How is your Self-care?*** (Do you have a hobby, make time to relax, vacation, or personal development? Are you taking care of yourself physically, financially, emotionally, spiritually? Do you have the ability to simplify your life and make a commitment for therapy?)

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**Other important info:**

