

Denver Counseling & Executive Life Coaching
CONFIDENTIAL Personal History – Intake Information

Client's Name: _____ Date of Birth: _____ Today's Date: _____

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 & 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)

<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:

<u>Best:</u>	<u>Age:</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

<u>Most Difficult:</u>	<u>Age:</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Educational Background:

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

Legal Background:

Have you ever had any previous charges or record of criminal activity? If so, please describe: _____

Do you currently, have any charges, court dates, or probation? If so, please describe: _____

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

Spouse/Significant Other

When to When?

Children? Current Age, Custody:

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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever experienced in the last 12 months:

- Blackouts? YES NO
- Others express concern over your use? YES NO
- Missed or late for work due to use? YES NO
- Financial problems & due to use? YES NO
- Conflicts with others over your use? YES NO
- Attendance at a 12-step meeting? YES NO
- Physical injury while using? YES NO
- Hospitalization due to using? YES NO
- Unsuccessful attempts to quit/cut back? YES NO
- Doing thing you regret while using? YES NO
- Previous treatment of alcohol/drugs? YES NO

Have you EVER had a DUI or DWI? (Circle) YES NO

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 & 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 & 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? _____

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