

Client Initial Evaluation

Laura Gomez-Weakley, LPC, CBT

Purpose of this Questionnaire:

The purpose of this lengthy questionnaire is to obtain a comprehensive picture of your background. By completing these questions as fully and as accurately as you can, you will enhance your therapeutic program. The highly personal information received in this written evaluation and in your individual sessions is strictly confidential as outlined in your copy of the Colorado State Mandatory Counselor Disclosure.

By whom were you referred to this therapist?

NO ONE IS PERMITTED TO SEE YOUR RECORDS WITHOUT YOUR WRITTEN PERMISSION.

If you do not desire to answer a particular question, write "non-applicable or NA."

1. General Information

Today's Date _____

Name: _____ Sex: M _____ F _____

Address: _____

Age: _____ Date of Birth: _____

How Can I Reach You?

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address _____

Have you previously been in counseling before? Yes ___ No ___

How long? _____ With Whom? _____

For what purpose? _____

Current medications or herbs used:

| Name | Miligrams | Purpose |
|-------|-----------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. Presenting Problem

A. Please provide a brief description of the reason(s) you are seeking counseling today:

B. What would you like to accomplish by coming to treatment at this time?

C. On the scale below please check the severity of your problem(s):

- mildly upsetting
 moderately severe
 very severe
 extremely severe
 totally incapacitating

3. Current Social Information

A. Current relationship status:

- Single
 Married How long? _____
 Name of Spouse _____
 Divorced How long? _____
 Widowed How long? _____

B. Describe your relationship with your current spouse or significant other:

C. List all the people with whom you currently live:

| NAME | SEX | AGE | RELATIONSHIP TO YOU |
|------|-----|-----|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

D. Briefly describe any problems you are having with any of the people listed above:

E. If applicable, give details of previous relationships/marriages:

F. Any history of abuse (emotional, physical, sexual) in current or previous relationships:

4. Family History

A. List names and ages of the people that grew up with you, include parents:

| NAME | SEX | AGE | RELATIONSHIP TO YOU |
|------|-----|-----|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

B. Please describe your relationships with the people you lived with while growing up.

D. Have any family members been treated for/have emotional problems? Describe:

5. Personal Information

A. Education: What is the last grade, degree and/or training you completed?

B. Were you ever bullied or severely teased?

C. Describe your religious training and current religion if applicable.

D. Friendships:

Do you make friends easily?

Do you keep them?

Are you satisfied with your current social relationships? Yes _____ No _____

E. Circle any of the following that apply to you:

| | | |
|--------------------------------------|-------------------------------------|----------------------------|
| headaches | dizziness | fainting spells |
| palpitations | stomach trouble | anxiety |
| bowel disturbances | fatigue | no appetite |
| anger | take sedatives | insomnia |
| nightmares | often use aspirin or painkillers | alcoholism |
| feel tense | suicidal ideas | tremors |
| depressed | sexual problems | take drugs |
| unable to relax | over ambitious | allergies |
| don't like weekends and vacations | feel panicky | shy with people |
| excessive sweating | inferiority feelings | concentration difficulties |
| can't keep a job | memory problems | can't make decisions |
| financial problems | lonely | home conditions bad |
| | | unable to have a good time |

Please list additional physical problems or difficulties here:

F. Circle any of the following words which apply to you:

| | | | | |
|------------|---------------|--------------|-------------------|---------------------------|
| worthless | useless | a “nobody” | “life is empty” | |
| inadequate | stupid | incompetent | naïve | “can’t do anything right” |
| guilty | evil | full of hate | horrible thoughts | hostile |
| anxious | agitated | cowardly | unassertive | aggressive |
| ugly | deformed | unattractive | repulsive | |
| unloved | misunderstood | bored | restless | |
| confused | unconfident | in conflict | full of regrets | considerate |
| worthwhile | sympathetic | intelligent | attractive | confident |

List additional words that describe your strengths and weaknesses:

G. List present interests, hobbies, and activities:

H. How is most of your free time occupied?

6. Occupational Information

A. What type of work are you doing now and how long have you been there?

B. Does your current work satisfy you? Yes _____ No _____
If no, in what ways are you dissatisfied?

C. Identify any work related stressors that are of concern to you now:

D. Describe any financial stressors that are of concern to you now:

7. Marital History

A. Describe the personality of your husband or wife in your own words:

B. In what areas is there compatibility?

C. In what areas is there incompatibility?

D. How do you get along with your in-laws? (This includes brothers and sister-in-laws.)

- E. Any history of miscarriage, abortion or infertility?

- F. Comments about any previous marriage(s) and brief details.

8. Sex and Related Information

- A. When and how did you obtain your first knowledge of sex?

- B. Are you comfortable with your current sexual orientation?

- C. Are you satisfied with your current sex life?

- D. Do you have any concerns with your past sexual experiences?

- E. Have you ever been physically/sexually/emotionally abused?

- F. Have you, or are you experiencing any issues related to your age, gender or race?

9. Self-Description (Please complete the following):

- A. I am a person who _____
- B. All my life _____
- C. Ever since I was a child _____
- D. One of the things I feel proud of is _____
- E. It's hard for me to admit _____
- F. One of the things I can't forgive is _____
- G. One of the things I feel guilty about is _____
- H. If I didn't have to worry about my image _____
- I. One of the ways people hurt me is _____
- J. Mother was always _____

K. What I needed from mother and didn't get was _____

L. Father was always _____

M. What I wanted from my father and didn't get was _____

N. If I weren't afraid to be myself, I might _____

O. One of the things I'm angry about is _____

P. What I need and have never received from a woman (man) is _____

Q. The bad thing about growing up is _____

R. One of the ways I could help myself but don't is _____

10. Additional Information

A. What else would you like your therapist to know about you now?

Thank you for taking the time to complete this questionnaire.