Greenville Relationship Institute
Next Step Counseling

Individual Counseling
Client Information Form

Today's Date:_____

Basic information

Full name:_____

Address:_____
STREET CITY ST ZIP

Best phone: (home/work/cell?):_____ Ok to leave voicemail? Y N

Email: _____

Date of Birth:_____

Alternate or Emergency Contact:

_____
NAME PHONE RELATIONSHIP

Relationship status (check any that apply): __ Single __ Divorced __ Married

__ Widow (Widower) __ Separated __ Long-term Relationship / Partnership

Please list anyone living in your household and how they are related to you:

_____

_____

_____

If employed or in school, name of workplace or school:_____

Are you satisfied in your work / school? Please describe your answer._____

_____

_____

Are you currently active in a religious community or congregation? Y N

If so, what community or congregation?_____

Describe what role your religion / spirituality plays in your life:_____

_____

_____

What is the primary reason you are interested in counseling at this time?_____

_____

_____

_____

How did you find out about this practice? __Physician __Another therapist __Internet

__Magazine or newspaper __Word of Mouth __Other _____

Symptoms experienced in the past 6 months (check any that apply)

		How bad at its worst? (1 – 10)	How often? (Daily? Weekly?)	How long ago did it begin? (1 month ago? 6 months?)
	Tension / anxiety			
	Panic attacks			
	Racing heartbeat / sweating			
	Sleep disturbance			
	Flashbacks			
	Difficulty concentrating			
	Lack of motivation			
	Restlessness / keyed up			
	Suicidal thoughts			
	Extreme anger / rage			
	Racing thoughts			
	Fluctuating moods			
	Obsessive thoughts			
	Hearing voices			
	Feeling worthless			
	Feeling hopeless			
	Major weight loss or gain			
	Binge eating or purging			
	Injuring self			
	Increased use of alcohol/tobacco/drugs			
	Loneliness			
	Spiritual crisis			
	Excessive or unexplained fear			
	Physical pain			

Any other symptoms not listed above? _____

_____

To what extent are these symptoms impacting the ability to complete daily tasks?(1-10) _____

To what extent are these symptoms impacting your work? (1-10) _____

To what extent are these symptoms impacting close relationships? (1-10) _____

In general, how would you rate current physical health? (poor) 1 2 3 4 5 (great)

Have you been bothered by physical pain in the past 30 days?(not at all) 1 2 3 4 5 (a lot)

How much physical exercise per week? (none) 1 2 3 4 5 (a lot)

Please rate the level of tension in your immediate family (low) 1 2 3 4 5 (high)

Do you have a primary care physician? _____

Any diagnosed medical conditions?_____

_____

What medications or supplements do you currently take? _____

_____

Any major life events in the past year? (such as relocation, career change, death in the family, births, new relationships)_____

_____

_____

Are there any past traumatic experiences that continue to impact your mental well-being?

_____

_____

_____

Any previous mental health diagnoses?_____

_____

Any previous counseling or psychiatric treatment? _____

_____

_____

Any family history of mental illness? _____

_____

_____

If you drink alcohol, about how many drinks per week on average? _____

Do you use any other non-prescribed drugs, either regularly or occasionally? _____

Has drug or alcohol use ever caused problems in work or relationships? _____

_____

Have you ever tried to quit, but been unable to? _____

When you encounter periods of high stress or frustration:

Are there activities you like to do that help you get calm or focused? _____

_____

_____

Do you typically respond to people by reaching out? Or withdrawing? Or another response? ____

_____

_____

Do you have people you can talk to about it? Who? _____

_____

_____

Are there negative behaviors that intensify when stressed? (ie. heavy drinking, angry outbursts...)

_____

_____

_____

If counseling was completely 100% successful, how would you know? What would be different?

_____

_____

_____

Anything else about you or your situation that would be helpful for me to know before we begin:

_____

_____

_____