

## New Client History

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Presenting Problem(s):

Please describe your reasons for seeking counseling:  
(include the month/year the problem began)

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### Medical History:

Please list any prescription and/or over the counter medications you currently use:

NAME \_\_\_\_\_

DOSAGE \_\_\_\_\_

HOW OFTEN \_\_\_\_\_

NAME \_\_\_\_\_

DOSAGE \_\_\_\_\_

HOW OFTEN \_\_\_\_\_

Please list any serious medical conditions that you have been or are treated for:

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When did you last have a physical exam? \_\_\_\_\_

Primary care physician's name \_\_\_\_\_

**Mental Health History: TO BE DISCUSSED WITH RAY IN SESSION**

**Family History: TO BE DISCUSSED WITH RAY IN SESSION**

**Substance Abuse History: TO BE DISCUSSED WITH RAY IN SESSION**

**Legal History: TO BE DISCUSSED WITH RAY IN SESSION**

**Domestic Violence History as an Adult: TO BE DISCUSSED WITH RAY IN SESSION**

## Rating your problems:

**Key:**

1-No Effect    2-Little    3-Some    4-Much    5-A Lot    n/a-Not Applicable

**Marriage/relationship:**            \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ n/a

**Family:**                                \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ n/a

**Job/School performance:**        \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ n/a

**Financial situation:**                \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ n/a

**Physical health:**                    \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ n/a

**Anxiety:**                                \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ n/a

**Sexual functioning:**                \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ n/a

**Ability to control your temper:**    \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ n/a

**Depression:**                         \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ n/a

**Eating habits:**                        \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ n/a

**Sleeping habits:**                    \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ n/a

**Ability to concentrate**                \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ n/a