INDIVIDUAL HISTORY REPORT

DEMOGRAPHICS

Client Name: _____ Date:_____

Client Address: _____

Parent(s)/Guardian(s) Name(s): _____

Telephone Number(s):	Okay to leave a message?		
Home #: _____	☐ Yes	☐ No	Date of Birth: ____/____/____
Work #: _____	☐ Yes	☐ No	Age: _____
Cell #: _____	☐ Yes	☐ No	Gender: _____

PRESENTING PROBLEMS

Duration (Months)

1. _____ _____
2. _____ _____
3. _____ _____

CURRENT SYMPTOM CHECKLIST (Rate intensity of symptoms currently present)

None = This symptom not present at this time
Mild = Impacts quality of life, but no significant impairment of day-to-day functioning
Moderate = Significant impact on quality of life and /or day-to-day functioning
Severe = Profound impact on quality of life

depressed mood	None	binging/purging	None	guilt	None
appetite disturbance	None	laxative/diuretic abuse	None	elevated mood	None
sleep disturbance	None	anorexia	None	hyperactivity	None
elimination disturbance	None	paranoid ideation	None	Losing track of time	None
fatigue/low energy	None	Current trauma	None	physical complaints	None
poor concentration	None	delusions	None	self-mutilation	None
poor grooming	None	hallucinations	None	significant weight gain/loss	None
mood swings	None	aggressive behaviors	None	related medical condition	None
agitation	None	conduct problems	None	emotional trauma victim	None
emotionality	None	oppositional behavior	None	physical trauma victim	None
irritability	None	sexual dysfunction	None	sexual trauma victim	None
generalized anxiety	None	grief	None	emotional trauma perpetrator	None
panic attacks	None	hopelessness	None	physical trauma perpetrator	None
phobias	None	social isolation	None	sexual trauma perpetrator	None
obsessions/compulsions	None	worthlessness	None	substance abuse	None

GOALS FOR COUNSELING

1._____

2._____

3._____

Client Number: _____

DEVELOPMENTAL HISTORY

Delayed Development or Long Term effects from events: check normal or check description and describe effect

Prenatal/Perinatal Events: ☐ Normal ☐ Description _____

Physical: ☐ Normal ☐ Description _____

Psychological: ☐ Normal ☐ Description _____

Social: ☐ Normal ☐ Description _____

Intellectual: ☐ Normal ☐ Description _____

Academic/Educational: ☐ Normal ☐ Description _____

Sexual Abuse History ☐ Normal ☐ Description _____

Physical Abuse History ☐ Normal ☐ Description _____

Trauma Related History ☐ Normal ☐ Description _____

FAMILY HISTORY

FAMILY OF ORIGIN: (check all that apply)

Present during childhood:

mother Present entire childhood
father Present entire childhood
stepmother Present entire childhood
stepfather Present entire childhood
brother(s) Present entire childhood
sister(s) Present entire childhood
other (specify)
_____ n/a

Parents current marital status:

☐ married to each other
☐ separated for _____ years
☐ divorced for _____ years
☐ mother remarried _____ times
☐ father remarried _____ times
☐ mother involved with someone
☐ father involved with someone
☐ mother deceased for _____ years
Age of client at mother's death ____
☐ father deceased for _____ years
Age of client at father's death _____

Describe parents:

	Father	**Mother**
full name	_____	_____
occupation	_____	_____
education	_____	_____
general health	_____	_____

Describe childhood family experience:

Outstanding home environment

Age of emancipation from home: _____ Circumstances: _____

_____

Special circumstances in childhood: _____

_____

Has any family member: (check and describe all that apply)

☐ received outpatient psychotherapy? Who/Why:_____

_____

☐ received inpatient treatment for a psychiatric, emotional or substance use disorder? Who/Why: _____

_____

☐ had a history of alcohol/substance abuse? Who/What: _____

_____

IMMEDIATE FAMILY:

Marital status:

☐ single, never married
☐ engaged _____ months
☐ married for _____ years
☐ divorced for _____ years
☐ separated for _____ years
☐ divorce in process ____ months
☐ live-in for _____ years
☐ prior marriages (partner)

Relationship satisfaction:

☐ very satisfied with relationship
☐ satisfied with relationship
☐ somewhat satisfied w relationship
☐ dissatisfied with relationship
☐ very dissatisfied with relationship

List all persons currently living in patient's household:

Name	Age	Sex	Relationship to Client

Intimate relationship:

☐ never been in a serious relationship
☐ not currently in relationship
☐ currently in a serious relationship

List children not living in the same household as client: Name/Age/Sex/Frequency of contact

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

Client Number: _____

FAMILY HISTORY (continued)

Describe any past or current significant issues in intimate relationships: _____

_____

_____

Describe any past or current significant issues in other immediate family relationships: _____

_____

_____

MEDICAL HISTORY

Describe current physical health: ☐ Good ☐ Fair ☐ Poor Name of primary care physician: _____

Address/Telephone of Family Physician/PCP:

_____

Date last seen: _____ ☐ release obtained ☐ release refused by client

Current Medications/Dosages: (prescription/over the counter/herbal supplements): _____

_____

Allergies to Medications: _____

Name and Contact Information of Psychiatrist (if applicable): _____

_____

Date last seen: _____ ☐ release obtained ☐ release refused by client

Serious or long term effects of Illnesses, Surgeries, Injuries, and/or Hospitalizations:

Date_____ Age____ Reason/Effects_____

Date_____ Age____ Reason/Effects_____

Date_____ Age____ Reason/Effects_____

Date_____ Age____ Reason/Effects_____

Date_____ Age____ Reason/Effects_____

MENTAL HEALTH HISTORY

Prior outpatient psychotherapy? ☐ No ☐ Yes

Provider Name: _____ Dates seen: _____

Address/Telephone: _____

Reason: _____ ☐ release obtained ☐ release refused by client

Provider Name :_____ Dates seen: _____

Address/Telephone: _____

Reason: _____ ☐ release obtained ☐ release refused by client

Prior inpatient treatment for a psychiatric, emotional, or substance use disorder? ☐ No ☐ Yes

Provider Name:_____ Dates seen: _____

Address/Telephone: _____

Reason: _____ ☐ release obtained ☐ release refused by client

Provider Name: _____ Dates seen: _____

Address/Telephone: _____

Reason: _____ ☐ release obtained ☐ release refused by client

Current Treatment? ☐ No ☐ Yes

Provider Name: _____ Dates seen: _____

Address/Telephone: _____

Reason: _____ ☐ release obtained ☐ release refused by client

Client Number: _____

SUBSTANCE ASSESSMENT

History of Use:

Past Alcohol: ☐ No ☐ Yes Description: Frequency: _____ Amount: _____

Past Drugs: ☐ No ☐ Yes Description: Frequency: _____ Amount: _____

Description:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Current Use:

Alcohol: ☐ No ☐ Yes Description: Frequency: _____ Amount: _____

Drugs: ☐ No ☐ Yes Description: Frequency: _____ Amount: _____

Description

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Alcohol/Drug Treatment:

Inpatient: ☐ No ☐ Yes When/Where: _____

_____

Outpatient: ☐ No ☐ Yes When/Where: _____

_____

SOCIO-ECONOMIC HISTORY

Current Supportive Relationships: describe all that apply

Siblings: _____

Parents: _____

Friendships: _____

Sexual Orientation: ☐ heterosexual ☐ homosexual ☐ bisexual

Cultural/Spiritual/Recreational History:

Cultural identity (e.g. ethnicity, religion): _____

Any cultural or religious issues that contribute to current problems: _____

_____

Currently active in community/church/recreational activites? ☐ No ☐ Yes Description: _____

_____

Formerly active in community/church/recreational activites? ☐ No ☐ Yes Description: _____

_____

Currently engaged in hobbies? ☐ No ☐ Yes Description: _____

Importance of Faith in Counseling: _____

Living Situation:
☐ housing adequate ☐ housing overcrowded ☐ dependent on others for housing
☐ housing dangerous/deteriorating ☐ living companions dysfunctional

Employment:
☐ employed and satisfied ☐ employed but dissatisfied ☐ unemployed
☐ coworker conflicts ☐ supervisor conflicts ☐ disabled _____
☐ student ☐ unstable work history

Education:
☐ grades 1 – 8 ☐ some college ☐ vocational or tech degree
☐ grades 9 - 12 ☐ college graduate
☐ high school graduate ☐ post graduate degree

Financial Situation:
☐ no current financial problems ☐ impulsive spending ☐ relationship conflicts over finances
☐ large indebtedness ☐ poverty or below poverty income

Military History:
☐ never in military ☐ served in military – no incident ☐ served in military – with incident, describe _____

Legal History:
☐ no legal problems ☐ now on probation/parole ☐ jail/prison _____ time(s), total time served _____
☐ arrest(s) not substance related ☐ arrest(s) substance related ☐ description of last legal difficulty: _____
☐ court ordered this treatment

Client Number: _____