CLIENT ASSESSMENT for Leslie Marler

FAX: 301-530-1146

NAME: _____ **DOB:** _____ **Assessment Date:** _____

ADDRESS: _____

PHONES: HOME _____ **WORK** _____ **CELL** _____

If a Minor, Parents' or Legal Representative's Names

Mother: _____ _____ **Father:** _____

Sexual Orientation: ___M ___F ___L ___G ___B ___T ___Q

Marital Status: ____Single; ___ Married; ___Separated/Divorced; ___Significant Other

Spouse's Name: _____ **Phone:**_____

***EMERGENCY CONTACT** _____**Phone:** _____

Relationship to Client _____

	Client's children if adult/siblings if a child	Sex	Date of Birth	Living at Home?
1.	_____	_____	_____	Y N
2.	_____	_____	_____	Y N
3.	_____	_____	_____	Y N
4.	_____	_____	_____	Y N
5.	_____	_____	_____	Y N

***Where do you work? Occupation**_____

***Allergies?** _____

***Medical Problems?**_____

***Current Meds w/ doses/frequency& OTC**_____

***Have you had any psychiatric hospitalizations? No ____ If Yes, Hosp name, dates of admit/disch**_____

_____

***Have you had previous outpatient therapy? No ___ If Yes, Date(s), W/ Whom?**_____

_____

Spiritual History:

In what faith tradition were you raised? _____

What is your current relationship with God?_____

Name of your current place of worship?_____

Do you want to incorporate Christian Pastoral Counseling in your counseling?_____

Have you ever been involved, willingly or unwillingly, in witchcraft? _____ WICCA? _____ SRA? _____ Other cults? _____

Academic History (Adults complete this too)

Highest grade achieved? __High School __GED __Some College __2-Yr College __4-Yr College __Masters __Doctoral

If student, current grade? _____ Name of school? _____

Did you have any learning problems? _____

Were you placed in special education? _____ _____

Which grade(s) did you repeat? _____

Any problems with separation from parents? _____

Behavior problems? _____

Decline in grades? _____

School refusal/absenteeism? _____

***Legal History (Please include dates of DUI, DWI, arrests, violence, incarcerations & where etc.)**

_____

_____

CLIENT ASSESSMENT for Leslie Marler cont.

NAME: _____ **Assessment Date** _____

Please check all that apply to your PAST and check NOW if it is something you have experienced in THE LAST MONTH:

PAST	NOW		PAST	NOW		PAST	NOW	
		Anger			Nightmares			Anxiety
		Cursing			Sleepless nights			Bed-wetting
		Destroying property			Sleep too much			Wetting or soiling self (day)
		Eating too much/binging			Have no energy			Fears
		Verbally abusive			Guilt			Panic
		Hurting yourself			Crying			Phobia
		Seeking sexual activity			Shame			Clumsiness
		Lying			Problem concentrating			Poor Sexual Performance
		Fighting			Weight gain			Decreased sexual desire
		Spending too much			Increased appetite			Feeling restless/ keyed up
		Stealing something			Decreased or/ no appetite			Difficulty paying attention
		Tantruming			Weight loss			Difficulty organizing tasks
		Throwing things			Isolating from others			Forgetful of daily activities
		Using drugs not prescribed			Lacked motivation			Fail to follow directions
		Using illicit drugs			Low self-esteem			Feel like a child when upset
		Using alcohol			Racing thoughts			Flashbacks
		Desire to hurt/kill someone			Too much energy			Hypervigilance
		Wanting to kill yourself			Feel like running away			Exaggerated startle
		Watching pornography			Hearing voices			Seeing things not there
		Lack of pleasure in most things			Sad or empty most days			Irritable

Relationships and Relationship Skills: Please rate **G**=Good, **F**=Fair, **P**=Poor or **NA**=not applicable.

Mother ____; female siblings ____; female friends ____; female teachers _____; female bosses _____; female in authority ____

Father _____; male siblings ____; male friends ____; male teachers _____; male bosses _____; male in authority ____

Listening skills: _____ Ability to express my thoughts and feelings: _____

Substance use history? No ____ If yes, please answer the following: At what age did you start? _____

Date of last use: _____ What influenced you to start? _____

Drugs of choice: _____

Circle treatments for **substance use**: none NA and/or AA detox rehab individual group intensive outpatient

History Check and elaborate on all that apply:

____emotional (verbal) abuse_____

____physical abuse_____

____sexual abuse _____

____neglect_____

____parents/self divorced? _____

____involved in any accidents? _____

____death of a loved one or pet? _____

____abortion _____

____multiple moves _____

____immigrated (from where, how old were you?) _____

What brings you to counseling at this time? _____

_____

Client's (Representative's) Signature_____ **Date** _____