ASSESSMENT AND GOALS

Name: ___________________________________________  Date: _______________________

Reason/Concern/Problem: _____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How long has it been a concern? _______________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What is the worst it has been? _________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What has relief from the problem looked/sounded/acted like? (for example, does it ever go away completely?): ______________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What do you hope for as goals or results? ______________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Do you have thoughts or actions or self-harm? (please describe) ___________________________
____________________________________________________________________________________
Do you have thoughts or actions of harm towards others? *(please describe)*

______________________________________________________________________________________

______________________________________________________________________________________

What have you done to treat, stop, or address your concerns?

______________________________________________________________________________________

______________________________________________________________________________________

What medications are you currently taking, for what, and in what dosages?

______________________________________________________________________________________

______________________________________________________________________________________

Who is your primary doctor? And if you have other treatment providers who are they, and what do they treat?

______________________________________________________________________________________

______________________________________________________________________________________

Do you use complimentary or alternative medications, remedies, or treatments? And if so, what are they and to treat what?

______________________________________________________________________________________

______________________________________________________________________________________

Do you use alcohol, tobacco, or other drugs recreationally, or to treat your concerns or symptoms? If so, how much, how often?

______________________________________________________________________________________

______________________________________________________________________________________
Who is in your immediate family and indicate which one’s you turn to for support or assistance? ________
________________________________________________________

Is there a work or school consequence to your situation, and if so, what is it? __________________________
________________________________________________________

Has there been a change in your sleeping, eating, exercising, sexual interest, or enjoyment of things you typically like? If so, in what ways?
________________________________________________________

Is there a spiritual, meaning/purpose, or religious dimension to the concerns that brought you in for this work together?
________________________________________________________

Have you ever been hospitalized? If so, for what, and when? __________________________
________________________________________________________

Please provide a name and phone number for someone you would want me to call in the event of an emergency:
Name: __________________________          Phone: __________________________