



Evolve Counseling, LLC

Growth and insight through purpose -guided counseling

PERSONAL INFO & INITIAL ASSESSMENT

Referral Source: _____ Today's Date: _____

Name: _____ Date of Birth: _____

Age _____ Male _____ Female _____

Phone contact: Home: _____ Work _____ Cell _____

Email address: _____

Ok to receive phone messages Y or N Texts Y or N Emails Y or N

Mailing Address: _____

City/State/Zip: _____

In case of emergency: Contact & Phone number: _____

Spouse/Parent if minor client: _____

Children/sibling if minor client: _____ Age _____

_____ Age _____

CURRENT ISSUES:

Please describe the primary problems for which you are now seeking help.

When did the problem(s) begin?

How is the problem affecting your life?

What do you see as your personal strengths?

In your own words, what would recovery from these issues look like to you?

FAMILY HISTORY:**Please circle:**

Marital Status: Married/Partnership * Separated * Divorced * Widowed * Engaged *Single How long _____
 How would you describe your present family?

DEVELOPMENTAL INFORMATION:

Natural Birth?

Anyone adopted?

Foster Children?

Any parental divorce, separation, death, remarriage?

Your age at that time?

Any sexual, physical, or emotional abuse history in the family? Anything else important about your family?

Briefly describe any problems during your childhood: (School, Behavior, Health, Family, and Emotional)

Elementary Years:**Middle School Years:****High School Years:****EDUCATION:**

School attending presently:

Highest grade completed:

WORK HISTORY:

Present Occupation(s):

Employer(s):

How long have you been employed there?

Does your present work satisfy you?

If not, why not

LEGAL:

Have you ever been in trouble with the law or had legal problems?

If so, please describe:

HEALTH:

List any health problems you are currently being treated for (including accidents, allergies or injuries): Please describe:

Have you ever been hospitalized? Reason:

What medications (prescription and non-prescription) are you presently taking? Please list any past medication(s) given to you for emotional problems (anxiety, depression, nervousness)

Please list any outpatient treatment you have received for mental health, alcohol, or drug abuse. Include therapist, place of treatment and reason:

Have any blood relatives (parents, grandparents, aunts, uncles, sisters, brothers, and children) had any significant health problems? Include mental health, and alcohol and drug abuse. List person, relationship and problem.

SPIRITUALITY:

In what faith/traditions were you raised?

Current beliefs:

MILITARY:

Have you ever served in the military?

Branch:

Time in Service:

Type of Discharge:

ALCOHOL AND DRUG:

Alcohol Use: Y or N Any concern by self or others? Y or N Average Drinks per week:

Any recreational drug use? Y or N Drugs used:

Previously legal consequences related to alcohol or drug use? Y or N

Previous counseling related to alcohol or drug use? Y or N Family History of Substance Abuse? Y or N

Office Use - DSMV DIAGNOSIS:

INTAKE COMPLETED BY: _____ DATE: _____