CLINICAL HISTORY REPORT

Client Name: ____ Date: ______________

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

	None	Mild	Mod	Sev		None	Mild	Mod	Sev		None	Mild	Mod	Sev
depressed mood	☐	☐	☐	☐	binging/purging	☐	☐	☐	☐	guilt	☐	☐	☐	☐
appetite disturbance	☐	☐	☐	☐	laxative/diuretic abuse	☐	☐	☐	☐	elevated mood	☐	☐	☐	☐
sleep disturbance	☐	☐	☐	☐	anorexia	☐	☐	☐	☐	hyperactivity	☐	☐	☐	☐
elimination disturbance	☐	☐	☐	☐	paranoid ideation	☐	☐	☐	☐	dissociative states	☐	☐	☐	☐
fatigue/low energy	☐	☐	☐	☐	circumstantial symptoms	☐	☐	☐	☐	somatic complaints	☐	☐	☐	☐
psychomotor retardation	☐	☐	☐	☐	loose associations	☐	☐	☐	☐	self-mutilation	☐	☐	☐	☐
poor concentration	☐	☐	☐	☐	delusions	☐	☐	☐	☐	significant weight gain/loss	☐	☐	☐	☐
poor grooming	☐	☐	☐	☐	hallucinations	☐	☐	☐	☐	related medical condition	☐	☐	☐	☐
mood swings	☐	☐	☐	☐	aggressive behaviors	☐	☐	☐	☐	emotional trauma victim	☐	☐	☐	☐
agitation	☐	☐	☐	☐	conduct problems	☐	☐	☐	☐	physical trauma victim	☐	☐	☐	☐
emotionality	☐	☐	☐	☐	oppositional behavior	☐	☐	☐	☐	sexual trauma victim	☐	☐	☐	☐
irritability	☐	☐	☐	☐	sexual dysfunction	☐	☐	☐	☐	emotional trauma perpetrator	☐	☐	☐	☐
generalized anxiety	☐	☐	☐	☐	grief	☐	☐	☐	☐	physical trauma perpetrator	☐	☐	☐	☐
panic attacks	☐	☐	☐	☐	hopelessness	☐	☐	☐	☐	sexual trauma perpetrator	☐	☐	☐	☐
phobias	☐	☐	☐	☐	social isolation	☐	☐	☐	☐	substance abuse	☐	☐	☐	☐
obsessions/compulsions	☐	☐	☐	☐	worthlessness	☐	☐	☐	☐	other (specify)	☐	☐	☐	☐

GOALS FOR COUNSELING

1.____
2.____
3.____

Client Number: _______________

DEVELOPMENTAL HISTORY (required information under age 18)

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:

	Present entire childhood	Present part of childhood	Not present at all
mother	☐	☐	☐
father	☐	☐	☐
stepmother	☐	☐	☐
stepfather	☐	☐	☐
brother(s)	☐	☐	☐
sister(s)	☐	☐	☐
other (specify) ____________	☐	☐	☐

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
- ☐ normal home environment
- ☐ chaotic home environment
- ☐ witnessed physical/verbal/sexual abuse toward others
- ☐ experienced physical/verbal/sexual abuse from others

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: ____________________

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

____

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____________________

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

SUBSTANCE ASSESSMENT (over age 12)

History of Use:

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

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

Client Number: ____________

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: check and 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 dangerous/deteriorating ☐ housing overcrowded ☐ living companions dysfunctional ☐ dependent on others for housing ☐ homeless

Employment: ☐ employed and satisfied ☐ coworker conflicts ☐ employed but dissatisfied ☐ supervisor conflicts ☐ unemployed ☐ disabled ______________________

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

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

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

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

Client Number: _______________