

BRIEF HISTORY



Health Information

Prominent Medical Conditions (Diabetes, Ulcers, etc.):

Current Medications and Dosage:

Previous Counseling

Have you sought counseling previously?

If yes, when and for what purpose?

Have you used any counseling sessions this year?

Past and Present Issues

Describe any emotional difficulties (depression, anxiety, chronic fear, etc):

Describe any thought difficulties (racing thoughts confusion, loss of memory, etc):

Describe any relationship problems:

Describe any occupational or school related problems:

Describe any significant stress you've experienced in the last year (divorce, death of a loved one, etc):

Describe any trauma you experienced as a child (abuse, abandonment, divorce, death of a loved one, etc):

Treatment Goals

Outline the goals you hope to accomplish through counseling (how you hope to change, heal, etc):

Additional Information

Any additional information it may be helpful for your therapist to have:

Name: _____