CLINICAL HISTORY REPORT

DEMOGRAPHICS

Date:

Client Name: _____ Client Number: _____

Client Address: _____

Parent(s)/Guardian(s) Name(s): _____

Telephone Number(s): Okay to leave a message?

Home #: _____ Yes No Date of Birth: ____/____/____

Work #: _____ Yes No Age: _____

Cell #: _____ Yes No Gender: _____

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. _____

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: _____

Address/Telephone of Family Physician/PCP:

_____

Date last seen: _____ ☐ release obtained ☐ release refused by client

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

_____

Allergies to Medications: _____

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_____

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

Client Number: _____

SUBSTANCE ASSESSMENT (over age 12)

History of Use:

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

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

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 overcrowded	☐ dependent on others for housing ☐ homeless
	☐ housing dangerous/deteriorating	☐ living companions dysfunctional	
Employment:	☐ employed and satisfied	☐ employed but dissatisfied	☐ unemployed
	☐ coworker conflicts	☐ supervisor conflicts	☐ disabled _____
	☐ student	☐ unstable work history	
Education:	☐ grades 1 – 8	☐ some college	☐ vocational or tech degree
	☐ grades 9 - 12	☐ college graduate	
	☐ high school graduate	☐ post graduate degree	
Financial Situation:	☐ no current financial problems	☐ impulsive spending	☐ relationship conflicts over finances
	☐ large indebtedness	☐ poverty or below poverty income	
Military History:	☐ never in military	☐ served in military – no incident	☐ served in military – with incident, describe
			_____
Legal History:	☐ no legal problems	☐ now on probation/parole	☐ jail/prison _____ time(s), total time served _____
	☐ arrest(s) not substance related	☐ arrest(s) substance related	☐ description of last legal difficulty:
	☐ court ordered this treatment		_____

Client Number: _____