

Karen Lucas M.A, L.M.H.C ,L.M.P.  
**Counseling - Individuals, Couples, Families and Groups**

Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone (HM) \_\_\_\_\_ Message OK? Y  N

Address \_\_\_\_\_ Telephone (WK) \_\_\_\_\_ Message OK? Y  N

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Ethnic Background \_\_\_\_\_ Occupation \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_ Telephone \_\_\_\_\_

Who referred you? \_\_\_\_\_ Relationship \_\_\_\_\_ May I thank them for the referral? Y  N

Are you currently taking any medication? Y  N

(If yes, please list medication and symptoms for which it was prescribed):

\_\_\_\_\_ Prescribing Physician \_\_\_\_\_

Date of your last physical: \_\_\_\_\_ Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Name/ Relationship/ Age / Gender of other persons living in household:

\_\_\_\_\_

\_\_\_\_\_

What are some specific goals that you would like to accomplish in counseling?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check or add any concerns you may have:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Alcoholism      | <input type="checkbox"/> Depression      | <input type="checkbox"/> Physical Abuse       | <input type="checkbox"/> Sexual Abuse         |
| <input type="checkbox"/> Addiction       | <input type="checkbox"/> Eating Problems | <input type="checkbox"/> Emotional Abuse      | <input type="checkbox"/> Fear                 |
| <input type="checkbox"/> Anger           | <input type="checkbox"/> Anxiety         | <input type="checkbox"/> Sexual Concerns      | <input type="checkbox"/> Low Self Esteem      |
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Shame           | <input type="checkbox"/> Compulsive Behaviors | <input type="checkbox"/> Developmental trauma |



Karen Lucas M.A,L.M.H.C ,L.M.P.  
**Counseling - Individuals, Couples, Families and Groups**

1. Please state briefly why you are seeking therapy.

2. What have you already tried in your attempt to address these issues?

3. What was the latest event or symptom that precipitated your search for a therapist?

4. Have you ever been to a counselor for therapy before?

Name and number of most recent therapist:

5. Reasons for seeking therapy in the past:

6. What were the results of that therapy?

7. Have you ever been diagnosed with a psychiatric illness?

Diagnoses:



Karen Lucas M.A,L.M.H.C ,L.M.P.  
**Counseling - Individuals, Couples, Families and Groups**

8. On a scale of 1-10 (if a "10" was indication of a very high level of satisfaction) how satisfied are you with your quality of life?

9. How stable has your level of satisfaction been over the past five years? Any recent changes?

10. Are you currently suicidal? Have you been within the last year?

11. Do you have any history of suicide or self-harm?

Explain:

12. Are you currently homicidal? Have you been within the last year?

Explain:

13. Do you have any history of violence?

Explain:

14. Do you have a primary care physician?



Karen Lucas M.A,L.M.H.C ,L.M.P.  
**Counseling - Individuals, Couples, Families and Groups**

**15. Do you have any disabilities or health problems?**

List:

**16. Are you currently on medication for physical illnesses?**

List:

Prescriber:

**17. Have you ever been in a treatment program for substance use?**

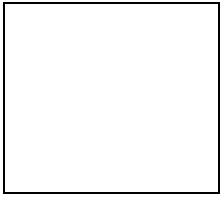
**18. What were the results of that program?**

**19. How many alcoholic drinks do you drink per week currently?**

**20. Who in your biological family has/had substance abuse problems?**

**21. List any other mind-altering substances that you use regularly:**

**22. Are you single, partnered, or multi-partnered?**



Karen Lucas M.A,L.M.H.C ,L.M.P.  
**Counseling - Individuals, Couples, Families and Groups**

24. What is your current family size?

25. Do you have any or share in the parenting of any children?

Names, ages description:

26. Who did you live with growing up? And where did you grow up?

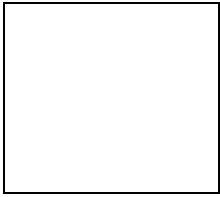
27. What cultural of origin/ ethnicity?

28. What do you know about your own birth story?

27. Where were you in the birth order (example: "2nd of 5")?

28. Can you define your "role" in your family-of-origin?

29. How was conflict handled growing up? Current relationship?



Karen Lucas M.A,L.M.H.C ,L.M.P.  
**Counseling - Individuals, Couples, Families and Groups**

30. Describe your mother and father (both strengths and weaknesses).

31. How did your parents show affection to each other and their children?

32. Describe your parent's marital history.

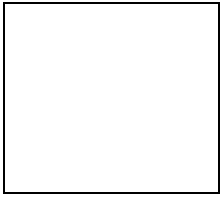
31. Describe your early childhood including any illnesses, hospitalizations, injuries, and separation from parents. Include significant memories, favorite activities, etc

32. Did your parents/guardians use physical force or emotional abuse towards each other?

Explain:

33. Did they use physical force/emotional abuse towards you or your siblings?

Explain:



Karen Lucas M.A,L.M.H.C ,L.M.P.  
**Counseling - Individuals, Couples, Families and Groups**

34. Have you ever experienced any sexual abuse?

Explain:

35. Have you ever experienced anything else that was traumatic to you?

Explain:

36. What is the highest grade level you completed?

37. How do you manage stress?

38. What kinds of things make you angry?

39. Does your temper cause you trouble in your life?



Karen Lucas M.A,L.M.H.C ,L.M.P.  
**Counseling - Individuals, Couples, Families and Groups**

**40.** Are you in any way fearful of any partner or ex-partner?

**41.** Is any partner or ex-partner fearful of you?

**42.** Is there anything that I have not asked you about that you think I should know?

**43.** What are your strengths (Individual and/or Family)?

**44.** What questions do you have for me?