Prosper Counseling (DBA for First Street Counseling & Consulting, PLLC)

Adult Client Background Information Form

Congratulations on taking the first step toward improving your life. My goal is to work with you to solve problems and gain a new perspective about yourself and find greater joy in life. I know this form seems long and none of us enjoy paperwork, but it is important because the more you share about your life experiences, the better I will be able to help you. Your responses, like all aspects of counseling are private, within the limits of confidentiality defined by Texas laws.

Name ____

Address _______________________________City ___________________________State _________Zip__________________

E-mail ____

Age ________ Date of Birth ____________________

Gender ____________

Marital Status __________________

Best Phone Numbers to Reach You ____

Can I Leave a Message? ____

How were you referred or how did you find Prosper Counseling? ____

ABOUT YOU

What led you to seek counseling? ____

____

How long have these problems been troubling you? ____

What would you like to accomplish in therapy?

____

____

Are you currently in counseling elsewhere? ___________________

Have you been involved in counseling in the past? ____________

If yes, please give a brief description of treatment and if you felt it was helpful or not?

____

____

Have you or your spouse/significant other ever-attempted suicide or harmed yourself in any way? ⑥ Yes ⑥ No

Are you or your spouse/significant other currently thinking about suicide or harming yourself in any way? ⑥ Yes ⑥ No

Have you or your spouse/significant other had any thoughts, even once, in the past, including the past few days or weeks, of suicide or harming yourself in any way? ⑥ Yes ⑥ No

Are you or your spouse/significant other having any thoughts about harming anyone else in any way? ⑥ Yes ⑥ No

Is there a history of mental health problems in your family? (Circle to indicate F=father, M=mother, S=sibling, O= other family member) None: __________ (check if not applicable)

Depression: F/ M / S / O: ________________________ Anxiety: F / M / S / O: _________________________

Bi-Polar : F/ M / S / O: ________________________ ADHD: F / M / S / O: _________________________

Alcoholism: F/ M / S / O: ________________________ Drugs: F / M / S / O: _________________________

Addictions: F/ M / S / O: ________________________ Suicide: F / M / S / O: _________________________

Other Problems: F/ M / S / O: ____

How many drinks do you have in a typical day? ____

What recreational drugs do you use or have you used? ____

Are people in your life concerned about your drinking or drug use? ____

ABOUT YOUR HEALTH

Are you being treated for any medical conditions? ____

Any major illnesses, surgeries, injuries, or head trauma? ____

How would you describe your current physical health? ____

When was your last physical? ____

How many hours of sleep do you average per night? ____

Do you have a Mental Health diagnosis? If so, which one ____

Are you under the care of a Psychiatrist? If so, whom ____

Have you been prescribed any psychotropic drugs by your Psychiatrist? ___________________________

List any medications you are currently taking (prescribed and over-the-counter), including dosage and frequency:

____

EDUCATION

Highest level of education completed? ____

Do you have a history of learning disabilities? If yes, explain: ____

Any concerns about your academic experiences? ____

ABOUT YOUR RELATIONSHIPS

Please list your marriage(s) or other important significant relationships

Significant Other's Name	Married? Yes/No	Year Begun	Year Ended	Children From This Relationship and their Ages

Do your children live with you? ____

Which children live in your home? ____

How would you describe your relationship with your children?
____

How are you treated by people outside your family? ____

How important are friends to you currently? Do you feel that you have any problems relating to others or forming lasting friendships?

____

What is your current occupation? How satisfied are you with your job? _________________________________

What do you like to do for fun? ____

What do you consider to be your strengths and limitations?
____

Are you presently attending a church? If so, what role does your faith play in your daily life?
____

ABOUT YOUR FAMILY

Relative	Name	Living? Yes/No	Age or Age at Death	Deceased? Yes/No	Current Relationship Status
Father					
Mother					
Sister(s)					
Brother(s)					
Other Significant Persons					

PLEASE CHECK ANY PAST, PRESENT, OR IMPENDING SPECIAL PROBLEMS IN YOUR FAMILY

⑥ divorce ⑥ frequent relocations ⑥ debilitating injuries/disabilities ⑥ alcohol/drug abuse

⑥ serious illness ⑥ psychiatric disorder ⑥ physical/sexual abuse ⑥ financial crisis

⑥ legal problems ⑥ eating disorders ⑥ attempted/completed suicide

Have you personally experienced significant family abuse? ⑥ None ⑥ Unsure ⑥ Emotional ⑥ Physical ⑥ Sexual

Have you personally experienced legal problems? ⑥ No ⑥ Yes

In general, how happy or adjusted were you growing up? ⑥ Happy ⑥ Average ⑥ Not Happy

Describe any childhood events you consider to be important in becoming the person you are now?

____

____

Who in your family do you currently feel closest to? ____

Most distant/disconnected from?_____________________ In most conflict with? ______________________________

Is there any other information about yourself that was not asked which you feel is important for your therapist to know about you?

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____

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____

____

STATEMENT OF UNDERSTANDING

I solemnly swear that all of the above information is true to the best of my knowledge.

____

Signature Date