Mark S. DeBord, LCSW, LLC
First West Counseling Center

Date: _____ Case #:_____Name:_____

1. Where were you born? _____Reared?_____
2. I was child number _____in a family of _____children.
3. Number of living brothers _____sisters_____.
4. Were you adopted? _____ yes _____ no.
5. If your mother/ father did not rear you, who did? _____
6. If your parents separated, how old were you? _____
7. If your parents divorced, how old were you? _____
8. Number of times mother divorced _____father_____
9. Mother's occupation_____father's_____
10. Mother's religion_____father's_____
11. How often did you attend as a child? _____
12. Describe the type person your mother/ mother substitute was when you were a child and your relationship.

13. Describe the type person your father/ father substitute was when you were a child and your relationship.

14. Was there any abuse? _____ yes _____ no. If so, briefly describe below:

15. Describe any unusually disturbing features in your relationship with any of your siblings.

16. Mother's age _____ If deceased, when did she die? _____
17. Father's age _____ If deceased, when did he die? _____
18. Years of formal education completed: List institutions attended and degree(s) earned:

19. In what extracurricular activities were you involved?

20. If you did not finish High School, why did you stop?
21. List any military experience.
22. Present marital status: never married married now for the first time remarried separated divorced and not remarried widowed and not remarried
23. Age when first married:

If married before, please give brief history of marriages or other significant love relationships with dates (year is fine).

24. List children by name and give ages.

25. List any love/ sex difficulties/ dissatisfactions.

26. What is your chosen occupation?

    What is your present job? _____ Years at present job_____

27. List your main school/ work difficulties/ problems.

28. List the things you like to do most (hobbies, etc.), the things that give you pleasure.

29. List your main social difficulties.

30. List any close friends or strong family supports.

31. List any legal problems (current)

    (past)

32. Have you drunk any alcohol at all? _____ yes _____ no If yes, how old were you when you started?_____
    Do you drink any alcohol now? _____ yes _____ no
    If no, how much of what did you drink and when did you stop? _____
    If yes, how much of what do you drink? _____
    What is the most you will drink in one day? _____
    How often do you drink that much? _____
    Have you ever had a DWI/ DUI? _____ yes _____ no If so, dates: _____
    Have you ever used street drugs or abused Rx drugs? _____ yes _____ no If yes, how old were you when you started? _____
    Do you use street drugs now? _____ yes _____ no
    If no, how much of what did you use and when did you stop? _____
    If yes, how much of what do you use? _____
    Have you ever had any substance abuse treatment? _____ yes _____ no
    If yes, please list._____
    Do you or have you had problems with gambling? _____ yes _____ no
    Please explain._____
33. List any family members who have had emotional, gambling or substance abuse problems.

34. List any previous counseling that you have had, including dates.

35. How important is spirituality to you on a scale of 1-10 with 10 being very important?

36. What church are you presently attending? _____ How often? _____

37. List your main personal strengths.

38. List your main personal weaknesses.

39. List your main life goals.

40. List the things about yourself that you most want to change.

41. What do you **MOST** want to accomplish in counseling.

41. List: (1) Any current allergies._____

(2) Any current physical problems or major illnesses_____

(3) Any past physical problems or major illnesses._____

(4) Any major surgeries._____

(5) Primary Care Physician._____

(6) Current medications._____

42. Do you use tobacco products? _____ yes _____ no If yes, describe (what and how much):

_____

43. Use this space for any additional information you would like to share.

THANK YOU!

_____ _____

Therapist's Signature Date