



Growing Together in Mind and Body

## COUNSELING HISTORY FORM

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Current or past mental health diagnosis? \_\_\_\_\_

Reason for seeking services? \_\_\_\_\_

Describe behaviors, problems, and symptoms and when they first began. \_\_\_\_\_

Any current/past thoughts, plans, or attempts for suicide? If yes, explain. \_\_\_\_\_

Is there a history of self-harm or harm to others? If yes, explain. \_\_\_\_\_

Is there a history of trauma? If yes, explain. \_\_\_\_\_

Is there currently or a history of aggressive or violent behavior? If yes, explain. \_\_\_\_\_

Is there currently or a history of substance/alcohol abuse or misuse? If yes, explain. \_\_\_\_\_

Do you have any current/past Legal issues? If yes, explain. \_\_\_\_\_



The Therapy Tree, LLC | 89 Cedar Ave. P.O. Box 764 Lake Villa, IL 60046

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Are you currently taking any medications or have you in the past? If yes, please list medications. \_\_\_\_\_

\_\_\_\_\_

Any history of past mental health treatment? (Past hospitalizations, therapies, etc.)? If yes, explain. \_\_\_\_\_

\_\_\_\_\_

Past and current ability to care for self and others: \_\_\_\_\_

\_\_\_\_\_

Family mental health history: \_\_\_\_\_

\_\_\_\_\_

Primary support system: \_\_\_\_\_

\_\_\_\_\_

Beliefs/Spirituality: \_\_\_\_\_

History of abuse or neglect: \_\_\_\_\_

\_\_\_\_\_

Access to healthcare: \_\_\_\_\_

Job History: \_\_\_\_\_

\_\_\_\_\_

Housing/Other members of household: \_\_\_\_\_

\_\_\_\_\_

Financial difficulty: \_\_\_\_\_

\_\_\_\_\_

What would you like to accomplish through counseling services? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Form completed by: \_\_\_\_Self \_\_\_\_Parent/Guardian

Client/Parent/Guardian Signature



Date

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