

Client Name: _____ **Client #:** _____ **Adm. Date:** _____

Environment/home: (current and recent past)

Family of origin: (Siblings, childhood history, family history of mental illness/ substance abuse)

Need for family participation: (If none state why)

Ethnic/Cultural: (Is there anything that would significantly effect treatment).

Employment history / occupational:

Educational / Vocational:

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Legal:

Sexual orientation / Sexual concerns:

History of abuse: (Sexual, physical, as a victim or perpetrator)

Grief and loss: (Does the client see this as a large factor in current problems?)

Spirituality / religion: (How important does client view religion in treatment- if any)

Military history:

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Leisure / recreational:

Social / peers:

Current drug including alcohol use? In recovery/addicted?

General appearance / observations: (Affect, mood, thought content, insight etc.)

DSM IV TR:

Axis I- _____

Axis II- _____

Axis III- _____

Axis IV- _____

Axis V- _____ **Current** _____ **Past Year**

Clinician Signature:

_____ **Date:** _____