



**Lillybrook**

In Times of Struggle, We Are Here

Client Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Why are you seeking help now?**

What are your primary reasons for seeking services (e.g., anger, anxiety, depression, eating disorder, phobias, sexual concerns, sleeping problems, addictive behaviors, trauma, substance use?) What is happening or is different? What stressors do you have? What do you hope will be different by seeking help? What are your goals for therapy? Do you feel suicidal or homicidal at this time? Have you felt suicidal or homicidal in the past? Are you engaged in any risk taking behavior?

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**Please give more details about the issue you named above:**

When did you first start experiencing these symptoms? When did the most recent episode start? How often do you experience these symptoms? How does it affect your life (Do you experience impairments in social, occupational, academic functioning or experience any physical or affective distress, please describe.)? How have you dealt with it so far?

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**Have you ever experienced similar or other mental health symptoms before?**

If so, what was your experience like? When did it happen? Have you ever been to counseling before? Have you ever been hospitalized? Do you see a psychiatrist? Have you received any other help dealing with this matter?

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**Has anyone in your family ever experienced mental health or substance use issues?**

If so, who was it? Did they seek help or get a diagnosis? What was it like for them? What was it like for you?

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**Do you have any current or prior medical issues?**

If so, what was/is it? Have you seen a doctor or other healthcare professional for it? What recommendations or treatment did you have? Is there any family history of disease? How many hours of sleep do you receive in a typical night? Any problems falling or staying asleep? How many consistent meals are you eating per day? Do you/How often do you exercise? Do you have any physical/psychological disabilities?

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**Are you currently prescribed any medications?**

If so, please list the name, dosage, how often you take it, and the prescriber for each medication. Please list any nutritional and herbal supplements that you currently take. Please also list the name, dosage, and reason for discontinuing any previous medications.

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**Do you now, or have you ever, used alcohol, tobacco, recreational drugs, or prescription medication other than as prescribed?**

If so, which? When did you start, how often did/do you use, and how long did this occur? Please list each substance separately.

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**Who is in your family? What is your relationship with them like?**

State your relationship status. Who do you consider to be a part of your family? For those who are not part of your family of origin (such as significant others), please include the duration of your relationship. What is the quality of your relationships? Please share if your parents are or have been divorced, remarried and your age when it occurred. Please share custody information if this is for a minor child of divorced parents. Would you like your family involved in treatment?

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**What social activities and relationships do you engage in?**

What important social relationships do you have? Do you belong to any social clubs or organizations? How do you like to spend your leisure time? Describe how you generally get along with others (e.g., affectionate, aggressive, avoidant, fight/argue often, follower, friendly, leader, outgoing, shy/withdrawn, submissive). What is your social media usage like?

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**What spiritual practices and cultural influences are important to you?**

Do you belong to a religious, faith, or spiritual community? What other cultural groups do you identify with? How do you celebrate culture and spirituality in your life? Would you like to have your beliefs incorporated into therapy?

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**What was life like as you were growing up, both at home and in school?**

Did you meet developmental milestones on time or experience any delays? What were your friends like when you were younger? What was school like for you? Are there special, unusual, or traumatic circumstances that occurred in your life? Do you have any history of witnessing or experiencing trauma or abuse (e.g., violence, sexual assault, abuse: emotional, physical, verbal, sexual)? If yes, at what age were when the trauma/abuse occurred?

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**What significant educational and work/volunteer experiences have you had?**

What is the highest level of education you have completed? Are you currently employed? If so, where and for how long? What other work and educational experiences have you had (such as a stay-at-home parent or semester abroad)? Are you satisfied with your current employment and education?

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**Do you have any current or prior legal issues?**

Are you mandated for treatment? Were you ever arrested or charged with a crime or misdemeanor? Do you have any involvement with the civil courts, such as a lawsuit or family law matter? Are you presently on probation or parole? Please describe your legal history including any sentencing information if applicable.

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**What strengths and abilities are you bringing to sessions? What needs or preferences do you have that will help us be successful?**

Please list your strengths, needs, abilities, and preferences. What coping skills have been working for you so far? What is important to know that will help make our time more effective for you? What are your leisure activities?

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**What else is important to know about you?**

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