ORIGINS COUNSELING CENTER
Beginnings

CLINICAL HISTORY REPORT

DEMOGRAPHICS

Date:

Client Name: _____ Client #: _____

DOB: ___/___/___ Age: _____ Gender: __M __F Marital Status: __S __M __D __W

Person completing this form: ____Client ____Parent/guardian Name _____

PRESENTING PROBLEMS

DURATION (MONTHS/YEARS)

1. _____ - _____
2. _____ - _____
3. _____ - _____

CURRENT SYMPTOM CHECKLIST (Rate intensity of symptoms currently present)

None: not present at this time Mild: limited impact on daily life Moderate: significant impact on daily life Severe: profound impact on daily life

	None	Mild	Mod	Sev
Mood swings	☐	☐	☐	☐
depressed mood	☐	☐	☐	☐
anxious mood	☐	☐	☐	☐
emotionality	☐	☐	☐	☐
elevated mood	☐	☐	☐	☐
hyperactivity	☐	☐	☐	☐
agitation	☐	☐	☐	☐
irritability	☐	☐	☐	☐
panic attacks	☐	☐	☐	☐
phobias	☐	☐	☐	☐
obsessions	☐	☐	☐	☐
compulsions	☐	☐	☐	☐
fatigue	☐	☐	☐	☐
low energy	☐	☐	☐	☐
sleep disturbance	☐	☐	☐	☐
poor concentration	☐	☐	☐	☐
poor grooming	☐	☐	☐	☐

	None	Mild	Mod	Sev
Loss of interest:	☐	☐	☐	☐
in activities,	☐	☐	☐	☐
in friends	☐	☐	☐	☐
Grief	☐	☐	☐	☐
Hopelessness	☐	☐	☐	☐
Worthlessness	☐	☐	☐	☐
Guilt	☐	☐	☐	☐
Shame	☐	☐	☐	☐
appetite disturbance	☐	☐	☐	☐
weight gain/loss	☐	☐	☐	☐
binging/purging	☐	☐	☐	☐
anorexia	☐	☐	☐	☐
diuretic use	☐	☐	☐	☐
laxative use	☐	☐	☐	☐
sexual dysfunction	☐	☐	☐	☐
medical condition	☐	☐	☐	☐
social isolation	☐	☐	☐	☐

	None	Mild	Mod	Sev
paranoia	☐	☐	☐	☐
delusions	☐	☐	☐	☐
hallucinations	☐	☐	☐	☐
loss of time	☐	☐	☐	☐
dissociative symptoms	☐	☐	☐	☐
reckless behavior	☐	☐	☐	☐
aggressiveness	☐	☐	☐	☐
self-mutilation	☐	☐	☐	☐
substance abuse	☐	☐	☐	☐
emotional trauma victim	☐	☐	☐	☐
physical trauma victim	☐	☐	☐	☐
sexual trauma victim	☐	☐	☐	☐
emotional trauma perpetrator	☐	☐	☐	☐
physical trauma perpetrator	☐	☐	☐	☐
sexual trauma perpetrator	☐	☐	☐	☐
suicidal ideation	☐	☐	☐	☐
homicidal ideation	☐	☐	☐	☐

Other symptoms _____

_____

GOALS FOR COUNSELING

1. _____
2. _____
3. _____

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MENTAL HEALTH HISTORY

Prior Outpatient Therapy? Yes No
Providers Name _____ Reason _____
Address _____ Dates Seen _____

Providers Name _____ Reason _____
Address _____ Dates Seen _____

Prior Inpatient Psychiatric Treatment? Yes No
Providers Name _____ Reason _____
Address _____ Dates Seen _____

Providers Name _____ Reason _____
Address _____ Dates Seen _____

Current Treatment? Yes No
Providers Name _____ Reason _____
Address _____ Dates Seen _____

MEDICAL HISTORY

Primary Care Physician Name _____ Date Last Seen _____
Address / Phone _____
Current physical condition _____ Excellent _____Good _____Fair _____ Poor
Medical Conditions _____
Medication Allergies/Reaction _____
Prescription Medications _____
Over the Counter Medications _____

Other Specialty Physicians (Name / Specialty) _____
Reason for Care _____

SUBSTANCE USE ASSESSMENT

History of Use:
Alcohol ____Yes ____ No Drink of Choice _____ Frequency _____ Amount _____
Illegal Drugs ____Yes ____ No Drug(s) of Choice _____ Frequency _____ Amount _____
Date of last use _____

Current Use:
Alcohol ____Yes ____ No Drink of Choice _____ Frequency _____ Amount _____
Illegal Drugs ____Yes ____ No Drug(s) of Choice _____ Frequency _____ Amount _____
Date of last use _____

History of Alcohol/Drug Treatment ____Yes ____ No
When _____ Where _____ Inpatient or Outpatient _____

ORIGINS COUNSELING CENTER
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DEVELOPMENTAL HISTORY

Prenatal or Perinatal Events _____

Normal Delivery _____ Yes _____ No If no, describe _____

Developmental Problems (Speech, Academic, Social, Physical, Psychological, Intellectual) _____ Yes _____ No If yes, describe _____

_____

History of Abuse (Neglect, Physical, Psychological, Sexual) _____ Yes _____ No If yes, describe _____

_____

History of other traumatic events _____

_____

FAMILY HISTORY

Family of Origin Were parents _____ Married _____ Divorced _____Never Married _____Widowed

Who was present during childhood and for how long? (E=Entire, Part, None)

Mother	___E ___P ___N	_____Living	_____Deceased for _____ Years	Your age at time of death ___
Father	___E ___P ___N	_____Living	_____Deceased for _____ Years	Your age at time of death ___
Step-mother	___E ___P ___N	_____Living	_____Deceased for _____ Years	Your age at time of death ___
Step-father	___E ___P ___N	_____Living	_____Deceased for _____ Years	Your age at time of death ___
Brother(s)	___E ___P ___N	_____Living	_____Deceased for _____ Years	Your age at time of death ___
Sister(s)	___E ___P ___N	_____Living	_____Deceased for _____ Years	Your age at time of death ___
Other _____	___E ___P ___N	_____Living	_____Deceased for _____ Years	Your age at time of death ___

Parents Current Marital Status: ___Married to each other ___separated for ___ years ___divorced for ___ years ___mother remarried ___ times ___father remarried ___ times ___mother involved with someone ___father involved with someone

Description of Parents:

Fathers name _____ Education _____

Occupation _____ General Health _____

Mothers name _____ Education _____

Occupation _____ General Health _____

Describe childhood family experience: ___ Outstanding Home environment ___Normal home environment ___Chaotic home environment ___Abusive (witnessed) ___ Abusive (Experienced)

***(abusive – physical/verbal/sexual/neglectful)

Age of emancipation from home _____ Circumstances _____

Other circumstances from childhood _____

_____

Family members with mental health history _____

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ABOUT YOU

Marital Status:
___Single, never married
___engaged ___ months
___married ___ years
___separated ___ years
___divorced ___ years
___Living with ___ years
___prior marriages self
___prior marriages partner

Sexual History:
___heterosexual ___homosexual
___bisexual ___other
___currently sexually active
___currently sexually satisfied
___currently sexually dissatisfied
___age at first sexual experience
___history of promiscuity
___history of unsafe sex

Intimate Relationships:
___never serious
___currently serious
___not currently serious

Current Relationship Satisfaction:
___Very satisfied ___satisfied ___somewhat satisfied ___dissatisfied ___very dissatisfied

List all persons currently living in your household (name, age, sex, relationship to you)

_____ _____

_____ _____

List children not living in same household as you _____

_____ _____

Describe any past or current significant issues in intimate relationships _____

_____

_____

Describe any past or current significant issues in other immediate family relationships _____

_____

_____

SOCIO-ECONOMIC HISTORY

Employment:
___employed & satisfied
___employed but dissatisfied
___unemployed
___coworker conflicts
___supervisor conflicts
___unstable work history

Living Situation:
___housing adequate
___homeless
___housing overcrowded
___dependent on others for housing
___housing dangerous/deteriorating
___living companion dysfunctional

Social Support System:
___supportive network
___few friends
___substance use based friends
___no friends
___distant from family of origin
___close family of origin

Education:
___Grades 1- 8
___Grades 9 – 12
___High School Graduate
___Some college
___College Graduate
___Post Graduate Degree(s) _____

Military::
___Never in military
___Served in military – Honorable
___Served in military – Dishonorable
___Retired military

Legal:
___No legal problems
___Now on parole
___Arrest non-substance related
___Arrest substance related
___Jail/prison time
___Pending Court Case

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CULTURAL/SPIRITUAL HISTORY

In what country were you born _____
What is your primary language _____
Cultural identity/Ethnicity _____
Describe any cultural issues related to present problem _____
_____
_____

Have you ever lived outside of the United States (where and how long) _____
_____

What is your current spiritual practice / religion (Christian, Hindu, Buddhist, Atheist, etc.) _____
How important is your spiritual practice in day to day living? ___Very ___Somewhat ___Minimal ___Not at all
Current participation in a church or other religious group _____
What was your spiritual involvement as a child _____
Describe any spiritual experiences that have had an impact on your life _____
_____
_____

Current involvement in community/volunteerism/causes _____

Current recreational activities _____

Things you do for fun _____

Hobbies _____

Is there anything else you want to share or feel is important to your current situation _____
_____
_____
_____