

Counseling & Psychotherapy  
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www.AllianceCounselingCenter.org

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When you make an appointment at Alliance Counseling Center we need to begin a chart for you. The following questions are likely to be answered during the course of your treatment here if you choose to continue. However, we are required to develop your chart and answer these questions in a very short time. In an effort to lessen to number of direct questions from your counselor, we would like you help in answering them on paper outside your session. That way, we can address your concerns in a more relaxed manner over the course of your treatment. However, if any of the questions feel too difficult to answer this way, feel free to make the answers brief. We can always fill in the blanks later. But, try to answer every question to some even minor degree. *Thanks so much.*

Why have you decided to seek treatment now? (Include present symptoms and current stressors.)

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Tell us about your family and friends: (Include if you are married, partnered, have children; friendships and their strengths and weaknesses as you see them.)

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To whom do you turn for talking about your troubles?

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We'd like some information about your education? (How long have you been/were you in school? How did you do in school? Did to attend college? And if so, did you go away to school or stay close to home? Feel free to elaborate if you wish)

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Where do you work?

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Do you like your job? yes no If not, what are the barriers to job satisfaction for you?

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Have you had other jobs? yes no If yes, please describe. Either way, please tell us your thoughts on what kind of job appeals to you, what you would like to change about your career and if this is an issue you would like to work on in counseling.

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On a scale of 1–10 what best circle the number that best describes your overall health with 1 being extremely poor to 10 representing overall excellent health.    1   2   3   4   5   6   7   8   9   10

My physicians name is:

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I was last examined by my physician on (Date):

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My most pressing and current health concerns at the moment are:

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In the past I have had the following health problems: (Please list)

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Do you take any prescription medications? (Please list)

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Are you, or any of your family/friends, now or have you ever been involved in legal tangles: If yes, please describe.

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Have you even been in counseling before now? If so, Please describe your history with treatment.

(Please include treated and untreated problems and any hospitalizations)

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Do you drink or use drugs of any kind? If so, has it caused you any health or legal problems?

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Please elaborate. Include why you don't use substances and any family history that would be useful for us to know.

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Have you experienced any violent or abusive behaviors either as the survivor or the perpetrator.

(This may be a difficult question to answer. Feel free to leave it blank or make it general.)

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How do you manage anxiety? Check those that apply to you.

I have experienced:

- Phobias about: \_\_\_\_\_
- I have panic attacks
- Obsessive compulsive behaviors
- I have sleep problems
- I sometimes feel alarmingly unaware of my surroundings
- I have trouble breathing when I am upset

Very often, people who come into counseling are depressed. We'd like your help in determining if you are depressed. Please check any of the following that apply to you.

- My mood is very unpredictable
- I do not sleep well
- I sleep too much
- I can't eat much or I overeat
- My weight has changed a great deal recently
- I feel hopeless
- I do not feel that my self regard is average or above

*We need to know if you are at risk of hurting yourself. Please answer the following questions as best you can.*

Have you had suicidal thoughts in the past 2 months?  
\_\_\_\_\_

Have you considered suicide as an option in the past 2 months?  
\_\_\_\_\_

Do you have a suicide plan?  
\_\_\_\_\_

Have you ever attempted suicide?  
\_\_\_\_\_

Has anyone in your family ever attempted or succeed at suicide?  
\_\_\_\_\_

Do you have an advanced directive?  
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Other comments:  
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