





Counseling & Psychotherapy 818 NW 17th Avenue, Portland, Oregon 97209 Phone: 503-221-4531 • Fax: 503-263-6278 www.AllianceCounselingCenter.org

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.) 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.) To whom do you turn for talking about your troubles? 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) Where do you work? Do you like your job? yes no If not, what are the barriers to job satisfaction for you? 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.

| On a scale of 1–10 what bes   | t circle tl | he nur   | mber   | that    | best    | desc   | ribes | your   | overal   | l health v | vith 1 be  | eing ex  | treme    | ly poo  | or to 10 | represe | nting |
|-------------------------------|-------------|----------|--------|---------|---------|--------|-------|--------|----------|------------|------------|----------|----------|---------|----------|---------|-------|
| overall excellent health.     | 1 2         | 3        | 4      | 5       | 6       | 7      | 8     | 9      | 10       |            |            |          |          |         |          |         |       |
| My physicians name is:        |             |          |        |         |         |        |       |        |          |            |            |          |          |         |          |         |       |
| I was last examined by my p   | hysician    | on (D    | ate):  |         |         |        |       |        |          |            |            |          |          |         |          |         |       |
| My most pressing and curren   | nt health   | n conc   | erns a | at the  | e moi   | ment   | t are | :      |          |            |            |          |          |         |          |         |       |
|                               |             |          |        |         |         |        |       |        |          |            |            |          |          |         |          |         |       |
|                               |             |          |        |         |         |        |       |        |          |            |            |          |          |         |          |         |       |
| In the past I have had the fo | llowing     | health   | n pro  | blem    | s: (Ple | ease   | list) |        |          |            |            |          |          |         |          |         |       |
|                               |             |          |        |         |         |        |       |        |          |            |            |          |          |         |          |         |       |
|                               |             |          |        |         |         |        |       |        |          |            |            |          |          |         |          |         |       |
| Do you take any prescription  | n medica    | ations?  | ? (Ple | ase li  | st)     |        |       |        |          |            |            |          |          |         |          |         |       |
|                               |             |          |        |         |         |        |       |        |          |            |            |          |          |         |          |         |       |
|                               |             |          |        |         |         |        |       |        |          |            |            |          |          |         |          |         |       |
| Are you, or any of your fam   | ily/friend  | ds, nov  | w or h | nave    | you e   | ever l | beer  | n invo | lved in  | legal tan  | gles: If y | es, ple  | ase de   | escribe | э.       |         |       |
|                               |             |          |        |         |         |        |       |        |          |            |            |          |          |         |          |         |       |
|                               |             |          |        |         |         |        |       |        |          |            |            |          |          |         |          |         |       |
| Have you even been in coun    | seling b    | efore    | now?   | ? If sc | , Plea  | ase d  | lescr | ibe yo | our hist | ory with   | treatme    | nt.      |          |         |          |         |       |
| (Please include treated and   | untreate    | ed pro   | blem   | s and   | l any   | hosp   | itali | zatio  | ns)      |            |            |          |          |         |          |         |       |
|                               |             |          |        |         |         |        |       |        |          |            |            |          |          |         |          |         |       |
|                               |             |          |        |         |         |        |       |        |          |            |            |          |          |         |          |         |       |
| Do you drink or use drugs or  | f any kin   | nd? If s | so, ha | s it c  | aused   | d you  | u any | / heal | th or le | gal prob   | lems?      |          |          |         |          |         |       |
|                               |             |          |        |         |         |        |       |        |          |            |            |          |          |         |          |         |       |
|                               |             |          |        |         |         |        |       |        |          |            |            |          |          |         |          |         |       |
| Please elaborate. Include wh  | ny you d    | on't u   | se sul | bstan   | ices a  | nd a   | ny fa | amily  | history  | that wo    | uld be u   | seful fo | or us to | o kno   | w.       |         |       |
|                               |             |          |        |         |         |        |       |        |          |            |            |          |          |         |          |         |       |
|                               |             |          |        |         |         |        |       |        |          |            |            |          |          |         |          |         |       |
| Have you experienced any v    | iolent or   | r abusi  | ive be | ehavi   | ors e   | ither  | as t  | he su  | rvivor c | or the per | petrato    | r.       |          |         |          |         |       |
| (This may be a difficult ques | tion to a   | answei   | r. Fee | l free  | e to le | eave   | it bl | ank o  | r make   | it genera  | al.)       |          |          |         |          |         |       |
|                               |             |          |        |         |         |        |       |        |          |            |            |          |          |         |          |         |       |
|                               |             |          |        |         |         |        |       |        |          |            |            |          |          |         |          |         |       |

| l b a | vya ovnasianasti.  |
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|       | eve 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   |
| Ver   | y often, people who come into counseling are depressed. We'd like your help in determining if you are depressed. |
| Ple   | ase check any of the following that apply to you.  |
| _     | Mu maad is yang yang distable  |
|       | 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.      |
| Hav   | ve you had suicidal thoughts in the past 2 months?   |
| Hav   | ve you considered suicide as an option in the past 2 months?   |
| Do    | you have a suicide plan?   |
| Hav   | ve you ever attempted suicide?   |
| Has   | anyone in your family ever attempted or succeed at suicide?  |
| Do    | you have an advanced directive?  |
| Oth   | ner comments:  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |

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