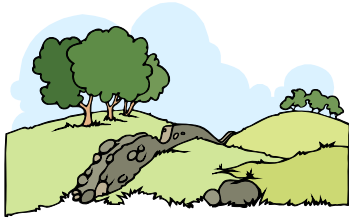


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Therapy for the heart, mind, body and spirit in a safe and healing setting

Client History, Concerns and Goals

Name of Client: _____ Date: _____

(If you have come for couples therapy, please fill out one form for each partner.)

Filled out by: _____ Relationship to Client: _____

Please fill in the following information as completely as possible.

1) Describe what has happened recently that led you to seek counseling now. _____

2) Describe current concerns and symptoms. _____

3) Check the one response which best applies:

(A) My current concerns and symptoms are:

- the continuation of a long-standing condition
- a recent worsening of an on-going condition
- the reoccurrence of a previous condition
- significantly different from any previous condition
- my first occurrence of any condition

(B) My current symptoms developed:

- suddenly (less than four weeks)
- gradually (one to several months)
- very gradually (one to several years)

4) Your medical history: please list any major injuries, illnesses or surgeries.

<u>Condition</u>	<u>Dates</u>	<u>Treatment</u>

5) Are you currently on any medication? yes no

<u>Medication</u>	<u>Dosage</u>	<u>Prescribing Physician</u>	<u>Date Started</u>

Please list any medications you are allergic or sensitive to: _____

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6) Are there any psychiatric medications you have taken in the past (and are not currently taking):

<u>Medication</u>	<u>Dosage</u>	<u>Prescribing Physician</u>	<u>Date Started</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7) Please indicate any significant prenatal events and developmental history for yourself. _____

8) Please list any other substances that you use and include their amount and frequency.

Alcohol _____	Heroin _____
Marijuana _____	Psychedelics _____
Caffeine _____	Methamphetamine _____
Tobacco (cigarettes, etc.) _____	Other _____

9) Have you been in psychotherapy or been hospitalized in a psychiatric facility? (Please list names of past therapists and hospitalizations, dates, and reason for treatment.) _____

10) Describe your relationship with your family of origin. Include parental substance abuse issues as well as other relevant life events. _____

11) Has anyone in your immediate or extended family had a psychiatric illness? Please list their relationship with you and the nature of their illness. _____

12) Do you have thoughts about hurting yourself or others? yes no If so, Please describe. _____

13) Please describe your current family situation. _____

14) Please briefly describe your current employment and work history. _____

15) Briefly describe your current support system (family, friends, organizations, etc.). _____

16) Briefly describe your strengths and weaknesses. _____

17) Please describe your goals for therapy. _____