

STARFISH COUNSELLING SERVICES

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CLIENT INFORMATION – PLEASE FILL OUT AS MUCH AS YOU CAN

Name: _____ Date: _____

Date of Birth: _____ Age: _____

Telephone: _____ Alt: _____

Can I leave a message on phone? _____ Detailed? _____

Email address: _____

Address: _____

Marital Status: _____ Partner's Name: _____

Age: _____ D.O.B. _____ How long together? _____

Children:

Name: _____ Age: _____ D.O.B. _____

Name: _____ Age: _____ D.O.B. _____

Name: _____ Age: _____ D.O.B. _____

Client lives with: _____

Emergency Contact: _____

Relationship to Client: _____

Telephone: _____ Alt: _____

Referred By or how did you find me: _____

HEALTH HISTORY:

Family Doctor: _____

Telephone: _____ **Fax:** _____

Any significant health problems: _____

Medications: _____

Date of last physical exam: _____

Previous hospitalization? _____

Previous counselling: _____

Total time in therapy: _____

Why did counselling end? _____

What did you gain from therapy? _____

What did you like about the counsellor's style? _____

Didn't like? _____

What worked well in therapy? _____

What didn't? _____

Family history of psychiatric problems (who, diagnosis, symptoms)

How often do you drink alcohol? _____

How often do you use recreational drugs? _____

What recreational drugs do you use on a regular basis?

FAMILY HISTORY

Father's name: _____ Age: ____

Occupation: _____

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Mother's name: _____ Age: _____

Occupation: _____

Siblings (name, age, marital status) _____

THERAPEUTIC GOALS:

Presenting Problem: _____

Why now? _____

When did the problem start? _____

What else was going on at the time? _____

When is it worse? _____

When is it better? _____

What have you tried so far? _____

Who is most affected by (the problem)? _____

Then who? _____

Who is first to know about it when it happens? _____

Then who? _____

Who doesn't know? _____

Why not? _____

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What would be different if you did not experience these symptoms?

What would you be doing differently?

Then what? _____

Why do you think this is happening? _____

What can I do for you? _____

How long do you think it will take to get better?

How will we know when we are finished? _____

Should anyone else be involved? _____

Goals:

CURRENT FUNCTIONING:

WORK TASK

What do you do for work (or school)?

How do you feel about work (or school)?

Why? _____

Any work (school) related difficulties?

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What would you change about work (or school)?

How are relationships with authority? _____

Peers? _____

Subordinates? _____

SOCIAL TASK

How often do you see your friends? _____

What is your social life like? _____

Best friend/intimacy? _____

How do friendships generally end? _____

What would you change about your social activities?

LOVE/INTIMACY TASK

Describe your current intimate relationship: _____

Describe any difficulties in relationship: _____

What would you change? _____

SPIRITUALITY

What role does religion play in your life? _____

Spirituality?

Do you have a sense of belonging to a wider community/world/universe?

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SELF

How do you feel about yourself as a person? _____

Generally, how adequately do you feel you are functioning in your life right now?

LEISURE

What do you do to have fun and relax? _____

ADDITIONAL INFO:



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