Client Registration

Part 2

**Purpose:**

What brings you to Counselling today?

What would you like as an outcome?

**About you:**

Do you have a disability?

Ethnicity: Age:

Religion: Cultural belief:

Sexual identity: Gender:

**Medication:**

How would you describe your current health?

Are you taking any medication?

If yes, please provide details.

Do you take any medication/drugs that are not prescribed? (Including herbal remedies and over-the-counter medicines)

**General health and well-being:**

How would you describe your sleeping habits?

How would you describe your physical health?

How much alcohol do you drink? (Units)

Do you drink caffeine?

Is there anything else you feel useful to share regarding your general health and well-being today?

How would you describe your sexual history?

**Family, friends, and relationships**

Are you currently in an intimate relationship?

(YES) How would you describe it?

(NO) When in an intimate relationship, do you remember what it was like?

Do you have any dependents, e.g. children, parents, or siblings? If yes, please give details.

Who was around as you were growing up?

How did you get on with your parents?

**Childhood**

Which 5 words would best describe your childhood?

1.

2.

3.

4.

5.

Did anything happen in your childhood that may be relevant to your current problem(s)?

**Education**

How would you describe your time at school?

Did you go to college or university?

What do you remember most about this period in your life?

**History:**

Have you had counselling before? If yes when and what type?

Have you been diagnosed with any mental health conditions? (Please specify)

Do you have or have you ever had any suicidal thoughts/attempts?

When were these?

Any history or current thoughts of self-harming?

**Motivation:** How motivated are you to make a change?

What interests do you have? (Groups/hobbies/cultural)

Anything other information:

Date of Assessment: Name of Therapist: