

# 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:** \_\_\_\_\_

Mother's name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Siblings (name, age, marital status) \_\_\_\_\_

**THERAPEUTIC GOALS:**

Presenting Problem: \_\_\_\_\_

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Why now? \_\_\_\_\_

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When did the problem start? \_\_\_\_\_

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What else was going on at the time? \_\_\_\_\_

When is it worse? \_\_\_\_\_

When is it better? \_\_\_\_\_

What have you tried so far? \_\_\_\_\_

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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? \_\_\_\_\_

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

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**What would you be doing differently?**

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**Then what?** \_\_\_\_\_

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**Why do you think this is happening?** \_\_\_\_\_

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**What can I do for you?** \_\_\_\_\_

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**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:**

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**CURRENT FUNCTIONING:**

**WORK TASK**

**What do you do for work (or school)?**

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**How do you feel about work (or school)?**

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**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?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SELF**

How do you feel about yourself as a person? \_\_\_\_\_

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

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**LEISURE**

What do you do to have fun and relax? \_\_\_\_\_

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**ADDITIONAL INFO:**



*STARFISH COUNSELLING SERVICES*