

Setting up and Maintaining an Effective Private practice

Appendix 5

CLIENT INFORMATION

Assessment Form

STRICTLY CONFIDENTIAL

Marital Status <i>Please circle as appropriate</i>	Single Engaged Married Living with a partner Separated Remarried Divorced Widowed			
Sexuality <i>Please circle as appropriate</i>	Heterosexual Homosexual Lesbian Bisexual Other			
Children <i>Please give the names and ages of all children, including any who have died. Indicate whether they are adopted or step-children</i>				
Occupation Present job: If you are unemployed, for how long? How long have you held this job? What jobs have you held during the last 10 years?				
Reason for seeking help What is the nature of your difficulties and how long have you been troubled by them? In what ways do you expect counselling to help you? What prompted you to seek help now?				
Family Information Father: Mother: Brothers & sisters:	Occupation	Present age	Age at death	Your age at that time

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<i>Please complete in birth order</i>				
Your childhood <i>Please say something about your childhood</i>				
Education <i>Please give brief details of education & qualifications</i>				
Health Have you had a serious illnesses or condition requiring hospitalization? Yes/No (please delete one reply). If yes, please give dates and details. Have you ever had psychiatric treatment? If yes, please give dates and details. Are you on medication for any condition? If yes, please say what it is and the condition				
GP information Name of GP GP's address GP's telephone number				
Further Information This form cannot cover every				

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aspect of your life and some factors which you consider important may have been left out. Please use this space if you need to, and if necessary continue on another sheet, to tell me anything that you think I should know, such as difficulties at work, sexual problems, tensions in marital, social or work relationships.	
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