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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?** \_\_\_\_\_ **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 counseling: \_\_\_\_\_

\_\_\_\_\_

Total time in therapy: \_\_\_\_\_

Previous hospitalization? \_\_\_\_\_

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)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

***FAMILY HISTORY***

Father's name: \_\_\_\_\_ Age: \_\_\_\_

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

\_\_\_\_\_

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

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

Siblings (name, age, marital status)



**THERAPEUTIC GOALS:**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did it 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?** \_\_\_\_\_

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

**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:**

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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)?

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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?**

**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:**