

Sterlingworth Center
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New Client - Intake/Background Information:

Name: _____

Date: _____

Age: _____

Date of Birth: _____

Email: _____

Cell Phone: _____

Home Address: _____

Handedness: LEFT RIGHT AMBIDEXTROUS

Please describe the problem(s) that you want help with:

How long have you had this problem? _____

Please list any important events in your life that may relate to this problem:

How serious is this problem? ☐ mildly ☐ moderately ☐ very ☐ extremely ☐ totally

What have you tried to do to solve this problem?

What has been successful? _____

Have you had counseling/therapy in the past? ☐ Yes ☐ No

When? _____ **For the same problem or a different one?** _____

What was helpful about the counseling? _____

What was not helpful about the counseling? _____

FAMILY HISTORY:

Who raised you? _____

If there were significant changes during your childhood, please list and indicate the age you were when these changes occurred: _____

of siblings _____ # brothers _____ # sisters _____

In terms of birth order from oldest to youngest, what is your place in the order? _____

Which members of your family are you closest to? _____

Are there any family members with whom you have more conflict with? _____

Please indicate other people in your life that provide support for you:

Please check any problems that family members have had and indicate that person's relationship to you:

	<u>Relationship</u>
<input type="checkbox"/> Arrests/convictions	_____
<input type="checkbox"/> Alcoholism	_____
<input type="checkbox"/> Depression	_____
<input type="checkbox"/> Violence	_____
<input type="checkbox"/> Other mental/emotional problems (list below)	_____
_____	_____

Check any of the following that apply to your childhood/adolescence. *Note that if current sexual abuse, current physical abuse, domestic violence, or current emotional abuse is endorsed, your counselor may talk with you to see if you are safe and to make sure you have professional mental health support:*

☐ School problems
 ☐ Medical problems
 ☐ Family problems
 ☐ Unhappy childhood
☐ Alcohol use
 ☐ Drug use
 ☐ Arrests/convictions

Victim of:

Current

Past

• Sexual abuse	_____	_____
• Physical abuse	_____	_____
• Domestic violence	_____	_____
• Emotional abuse	_____	_____

EDUCATIONAL HISTORY:

Yrs. completed _____

Problems: _____

Strengths: _____

PHYSICAL AND MENTAL HEALTH:How would you rate your current health? Very poor = 1 2 3 4 5 6 7 8 9 10 = Very good

List current health problems for which you are receiving treatment: _____

List any medications currently prescribed: _____

What is your current use of alcohol (daily/weekly intake)? _____

Have you had problems with alcohol use in the past? ☐ Yes ☐ No

If yes, please explain: _____

What is your current use of other drugs? _____

Have you been arrested for alcohol/drug related offenses? ☐ Yes ☐ NoHave you had treatment for problems with alcohol abuse/dependency? ☐ Yes ☐ NoDo you have a history of drug use? ☐ Yes ☐ NoHave you had treatment for drug abuse/dependency? ☐ Yes ☐ NoHave you ever lost a job/relationship due to the use of alcohol/drugs? ☐ Yes ☐ No

Indicate any of the following that apply to you: *[Note that if current suicidal thoughts, a current suicidal plan, suicide attempt, current hurting yourself deliberately, or current thoughts of hurting someone else are endorsed, your counselor will talk with you to see if you are safe and to make sure you have professional mental health support]*

	<u>Current</u>	<u>Past</u>
• Thoughts of suicide	_____	_____
• Plan for suicide	_____	_____
• Suicide attempt	_____	_____
• Hurting yourself deliberately	_____	_____
• Thoughts of hurting someone else	_____	_____

PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS:

Please rate each of the following problem areas that have been present during the past year or those occurring prior to one year if they clearly contribute to the reasons for seeking treatment. Please write in the specific problem:

0= No significant problem
3=Severe

1=Mild or transient problem
4= Extreme

2=Moderate
5=Catastrophic

- | | | | | | | | |
|---|---|---|---|---|---|----|---|
| 0 | 1 | 2 | 3 | 4 | 5 | NA | Problems with primary support group: Death of a family member, separation, divorce, removal from home, sexual or physical abuse, and discord in the family with parents siblings, or other like events. |
| 0 | 1 | 2 | 3 | 4 | 5 | NA | Problems related to the social environment: death or loss of a friend, living alone, discrimination, adjustment to life-cycle transitions, such as leaving home or retirement. |
| 0 | 1 | 2 | 3 | 4 | 5 | NA | Educational problems: Unable to read, academic problems, discord with teachers or classmates. |
| 0 | 1 | 2 | 3 | 4 | 5 | NA | Occupational problems: Unemployment, threat of job loss, stressful work schedule, and discord with boss or co-workers. |
| 0 | 1 | 2 | 3 | 4 | 5 | NA | Housing problems: Homeless, unsafe neighborhood, discord with neighbors or landlord. |
| 0 | 1 | 2 | 3 | 4 | 5 | NA | Economic problems: Not enough money to pay bills, food and rent. |
| 0 | 1 | 2 | 3 | 4 | 5 | NA | Problems with access to health care services: Inadequate health care, transportation to healthcare facilities unavailable, inadequate health insurance. |
| 0 | 1 | 2 | 3 | 4 | 5 | NA | Problems related to interaction with the legal system/crime: Arrest, incarceration, litigation, victim of a crime. |
| 0 | 1 | 2 | 3 | 4 | 5 | NA | Other psychosocial and environmental problems: Exposure to disasters, discord with non-family caregivers such as counselor, social worker or physician, unavailability of social service agencies. |