

Date_____

Michele Lane's Confidential Client Profile (713) 668-3838 © 1998 Michele Lane

Name_____

Why are you seeking help? (describe giving specific examples)_____

Goal- decrease depression___,decrease anxiety___,improve relationship___, decrease anger___
increase confidence___, decrease obsessing about unfaithful partner_____
Have you been in counseling?_____. If so, when_____, with whom_____
Have you ever been hospitalized in a psychiatric hosp?_____, when_____, where_____
Have you been sexually abused? How old were you?_____, By whom?_____

Has your biological **father** had a history of (check all that apply) father's age___,age at death?___
alcoholism___,drugs___,physically abusing___, sexual abuse___, property destruction_____
depression___, mood swings___, verbally abusive_____, psychiatric hospital_____
My father's greatest ability_____, greatest weakness_____
Has your biological **mother** had a history of (check all that apply) mother's age___, age at death?___
alcoholism___,drugs___,physically abusing___, sexual abuse___, property destruction_____
depression___, mood swings___, verbally abusive_____, psychiatric hospital_____
My mother's greatest ability_____, greatest weakness_____

I have #___brothers #___sisters. Which family member are you closest to?_____
I completed high school_____, jr.college(name)_____, university(name)_____
I completed tech school_____, GED_____
What jobs have you had since high school?_____
How many intimate relationships that lasted more than 10 months before your current one?_____
How many relationships were you physically___ or sexually abused_____?

As a child before 18 years old; which of the following describes your experience?
fearful of dark___, being judged by others_____, nightmares_____, physically abused_____
unhappy with self___, family_____, friends_____, school___, father___, mother___
happy with self___, family_____, friends_____, school___, father___, mother___
moody___, tantrums_____, angry at friends_____, school___, father___, mother___
parent's screaming_____, father hit mom_____, mom hit dad_____
failure in school_____, average_____,good_____,excellent___ GRADES, athletic_____
poor concentration in elementary___junior high___senior high_____
expelled___, suspended___ arrested___, lonely___, shy___, popular___, teased_____

Current Symptoms (within the past 3 months)

Write number 1, 2, 3, or 4 which most accurately describes your situation, thoughts, mood, actions

| Indicate 1-(1-5x/year) | 2- (1-3 times month) | 3-(1-3x/week) | 4 -(1-3x/day) |
|-------------------------------|------------------------------|------------------------------|----------------------|
| poor concentration___ | alcohol use___ | nightmares___ | |
| hard to complete task___ | recreation drugs___ | food binging___ | |
| crying___ | cigarettes___ | losing weight___ | |
| hopeless,overwhelmed___ | worrying, anxious___ | unfaithful___ | |
| suicidal thoughts___ | panic attack___ | work stress___ | |
| thoughts of killing___ | hostile, resentful___ | communication problems___ | |
| obsessing___ | destroying property___ | grieving a loss___ | |
| jealous___ | sleeping problems___ | child management problems___ | |
| suspicious___ | exploited by others___ | bored___ | |
| shy___ | stealing, shoplifting___ | dislike appearance___ | |
| heart racing___ | financially worried___ | can't make decisions___ | |
| rapid breathing___ | lack of fulfillment___ | feeling like a failure___ | |
| sweaty hands___ | lonely___ | exercise, active___ | |