

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___	