CLIENT SELF-ASSESSMENT FORM

PLEASE CHECK WITH DR. LUBER BEFORE FILLING OUT THIS FORM.

Please fill out your name and date and answer the questions below. If it is too difficult, we can work on it together. If you need more space to answer any of the questions, please do.

Client Name: _____ Date: _____

CURRENT CONCERNS

Check any of the following behaviors or concerns with which you would like help:

__Early Abuse	**__Sleep**	**__Temper**	**__Parenting problems**
__Drug use	**__Memory**	**__Risk-taking**	**__Fertility problems**
__Tobacco use	**__Concentration**	**__Headaches**	**__Financial problems**
__Alcohol use	**__Trauma**	**__Accidents**	**__Stress-related problems**
__Overeating	**__Fear/phobia**	**__Chronic pain**	**__Relationship problems**
__Overworking	**__Impulsivity**	**__Anxiety/distress**	**__Fear-related problems**
__Obsessions	**__Depression**	**__Loneliness**	**__Sexual addiction**
__Eating disorder	**__Medical issues**	**__Social isolation**	**__Work difficulties**

Other: _____

_____

Which of the above behaviors you have checked off are most problematic and you would like the most to change? How are they problematic?

_____

_____

_____

_____

MEDICAL INFORMATION

How is your current health? Please include any current medical problems.
Circle one: Poor Fair Good Excellent

_____

_____

_____

Have you had any major medical or health problems in the past? If so, please give details including head injuries, past surgeries, medical illnesses or hospitalizations for physical issues.

Do you have any chronic health problems? If so, please give details.

What are the drugs, alcohol, or pills you are using currently? In the past?

Does the use of drugs, alcohol, or pills effect your work or social life?

What current prescribed medications and/or homeopathic remedies and supplements do you take?

What current complementary treatments do you have (acupuncture, massage, etc.)?

What current or previous psychotherapy have you had, including names, dates, duration, kind of therapy and outcome (as best you can recall)? Or hospitalizations for a psychiatric problem/s.

Please describe any negative experience with a former psychotherapist or psychiatrist:

Were you ever hospitalized for a psychiatric problem? If so, please give details:

EMPLOYMENT/EDUCATION

What kind of work are you doing now? How satisfied are you with your work currently?

What is the highest level of education you have achieved? What is your degree in? What year did you graduate?

FINANCIAL/LEGAL

Please describe any financial concerns you may have:

Are you currently involved in any civil or criminal legal actions? If so, please describe:

Do you have a pending workman's compensation or disability claim? If so, please describe:

It is likely that evaluation or treatment reports might be required by an attorney, court, probation official, or insurance company? _____ If so please provide specifics now (failure to provide known information at this time might result in my disclosure of same to requestor):

LIFESTYLE:

What is the principle that organizes your life?

Do you think that you have a good diet?
Breakfast:
Lunch:
Dinner:
Snack:

How often do you exercise? __Never __Rarely __Occasionally __2-3 times a week __Daily
What kind of exercise do you do?

Do you meditate or use relaxation practices? If so, please describe:

Describe any involvement you have in community, social or religious organizations:

INTERPERSONAL RELATIONSHIPS

PERSONAL HISTORY

Mother: Name: _____ Occupation: _____
Health: _____ Age: _____
If deceased, name&age at time of death: _____
Your age then:_____ Cause of Death: _____

How is/was your relationship with your mother as a child? Now? _____

Father: Name: _____ Occupation: _____
Health: _____ Age: _____
If deceased, name&age at time of death: _____
Your age then:_____ Cause of Death: _____

How is/was your relationship with your mother as a child? Now? _____

Siblings:
Number of Sisters: _____ Sisters ages: _____
Number of Brothers: _____ Brothers ages: _____
If deceased, name and age at time of death: _____
Your age then:_____
If deceased, name and age at time of death: _____
Your age then:_____

If you have step parents and/or siblings, please describe any relevant information:

Which of the following apply to your childhood/adolescence:

___Happy childhood
___Unhappy childhood
___Emotional/behavior problems
___Legal trouble
___Strong religious upbringing
___Supportive parents
___School problems
___Family problems
___Medical problems
___Drug/alcohol use
___Teased or bullied
___Friendly neighbors

___Supportive siblings **___Safe and secure neighborhood**
___Enjoyed school **___Unsafe and dangerous neighborhood**

If you have ever been physically or emotionally abused, or bullied describe by whom, under what circumstances and for how long:

Has any member of your immediate or extended family suffered from alcoholism, depression, anxiety, panic attacks, or anything that might be considered a "mental disorder?"

PARTNERSHIP/MARRIAGE

Partner's Name: _____ Age: _____ State of Health:_____
What are the current issues that challenge you and your partner at this time?

CHILDREN

Please list the names and ages of all of your biological children and where they reside:

Are/were there any issues important to know about your relationship with your child/dren

Information you consider relevant regarding infertility, pregnancies, abortions or miscarriages:

SEXUALITY

How satisfying is your sex life now?
__Not at all__Very little __Somewhat__Moderately __Highly

Have you ever been sexually abused, molested, or assaulted? If so please describe by whom, under what circumstances, and for how long:

SOCIAL RELATIONSHIPS

Who are the people with whom you feel the most comfortable? Most uncomfortable?

RELIGION/SPIRITUALITY

Describe your current affiliation with a religious or organization or spiritual group:

IMPORTANT LIFE EVENTS (Positive and Negative)

Please identify memories of life events/experiences during the following age ranges which you believe had an impact on your development, identity, and current functioning:

0-5 years

5-12 years

13-19 years

20-29 years

30-39 years

40-49 years

50-59 years

60-69 years

70-79 years

80-89 years

90+ years

Is there any other information that would be useful for me to know?