



Last Name First Name ID No.

Chief Complaint (what the client presents as the major reasons for needing counseling) Current symptoms—including social, emotional, physical, spiritual.

Social and psychiatric history (social/emotional/psychological problems in the past, including hospitalization and prior treatment).

Medical history (include current and past medications)

Family Situation

Education History

Legal (including Probation information) and Military history

Employment History

Community Support System/Resources (Client's involvement with community)

Substance Use (Current and history)

Psychosis (hallucinations, delusions) paranoid ideations—present or history

Sexual Health

Individual Strengths and Weaknesses:

Family Strengths and Weaknesses:

Diagnosis Code: _____ CPT Code _____

Counselor's Signature _____ Date _____