

## A Hearth for Healing Counseling Ctre, LLC

Your name: \_\_\_\_\_ Your Birthday: \_\_\_\_\_

1. What is your reason for making an appointment with us?  
Please explain:
  
  2. Do you feel that your reason is urgent?  
Please explain:
  
  3. What has been your past experience with counseling? Good / Mediocre / Bad / Never did it  
Please explain:
  
  4. In your opinion, if you received therapy, was your treatment successful? Yes / No  
Please explain:  
  
If not successful, what did you need from the treatment that you did not get?  
Please explain:
  
  5. Have you seen or are you seeing a therapist, life coach, or mediator for the same issues for which you're requesting our help? Yes / No  
If YES, what is the practitioner's name and practice/facility?  
If YES, what prompts you to seek counseling with someone else?
  
  6. Have you been diagnosed for psychological issues? Yes / No
  
  7. Do you think the diagnosis fit your situation?  
Explain:
  
  8. Tell us how your diagnosis may explain your character?
  
  9. Have you ever been hospitalized for emotional issues? Yes / No  
If yes, for how long and where?  
Was this treatment helpful to you? Yes / No.  
If yes, in what way?
  
  10. Do you see a psychiatrist or primary care provider for medications related to psychological issues?  
If YES, with whom and where?  
What is your personal opinion about using psychiatric medications for your difficulties?  
Please explain
  
  11. Does our holistic approach, which doesn't focus entirely on medications appeal to you? No / Yes  
If YES, please explain why:
  
  12. Are you feeling (circle): sad empty confused alone angry frustrated hurt depressed anxious despair helpless irritable lost
  
  13. Describe a situation that would help you to feel better?
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14. What makes you feel happy?
15. Have you been feeling hopeless or despairing recently? Yes / No / Sometimes  
If YES, please explain:
16. Have you ever felt like ending your life? Yes / No / Maybe  
If YES, please explain:
17. Do you think you could feel more hopeful about your life? Yes / No  
If YES what have you found that gave you hope?
18. Are you a courageous person? Yes / No  
If YES, what is an example of your courage?
19. Are you ready to make a commitment to yourself & your relationships so you can feel better?  
Yes / No / I think so / I want to learn how to
20. What do you aspire to in the next 1-3 years?

### 21. Your Formal Education:

What is your highest-grade level?                      Where did or do you attend school?

Were or are you home schooled;  
If YES, by whom?

What is or was your favorite subject(s) in school and what did you like about it?

If you attend(ed) college, where?

What is or was your major and why?

If you attend(ed) graduate school for advanced degrees, what is/was your field of study and why?

### 22. Informal Education:

What has been the main way you've been educated or learned about life?

What has been the most important life lesson you've learned so far?

Describe how you've chosen to apply this life lesson to your life's goals and dreams?

Name a book, place, movie, song, piece of art/poetry, or a social media that means something to you and why?

Who or what has had the most influence in your life so far and in what way?

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CHECK YES / NO or CIRCLE ANSWER(s)	YES	NO
Have you been down, depressed, or sometimes hopeless in the past month?		
Are you bothered by little interest or pleasure in doing things?		
Has your appetite changed (eating more or less)?		
Has your sleep been disturbed (insomnia or over-sleeping)?		
Do you feel worthless?		
Do you feel guilty?		
Do you have sudden or unexpected bouts of anxiety or nervousness?		
Do you often feel tense, worried, or stressed? (Circle and check)		
Have you been through a very stressful time in the past 3 - 12 months? Please Explain:		
Do you worry about a lot of different things? If YES what are they?		
Do you have acute palpitations, shortness of breath, or trembling?		
Do you avoid places or situations because of anxiety or worry?		
Do you have recurrent, persistent thoughts or do repetitive behaviors? If YES, about what?		
Have you noticed yourself having physical reactions when reminded of a past traumatic event?		
Have you faced (CIRCLE): a serious accident, physical or sexual assault or abuse, child abuse or neglect, domestic abuse, natural disaster, military combat? If YES, please explain:		
Have you been easily startled in the past or currently?		
Are you feeling lost?		
Are you feeling emotionally numb or detached from your feelings?		
Are you feeling like crying but you can't?		
Do you dream of better things to come?		

23. Do you physically or emotionally hurt yourself? Yes / No  
If YES Please Explain including HOW:

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24. Do you imagine that you might hurt yourself? Yes / No  
If YES, How would you do so?

If YES do you know why you want to hurt yourself?

25. Do you ever have thoughts of seriously harming anyone else? Yes / No / Sometimes  
If YES or SOMETIMES please explain:

26. Describe one significant loss in your life that is still hurting today.

27. Describe one significant trauma in your life.

28. Describe an event in your life that has given you the most happiness.

29. Did you have a happy childhood? Yes / No  
Please explain:

30. Did you have a sad childhood? Yes / No  
Please Explain:

31. Describe one experience in your life that depicts your childhood?

32. Were or are you being raised by your parent(s)? Yes / No.  
If no, who raised you & what was their role?

33. How was your relationship with the person(s) who raised you while growing up?  
Great / Good / Bad / Mediocre / Neglectful / Awful / Abusive  
Please choose 2 and explain:

34. How is your relationship now with your parent(s) even if they've since passed away?  
Great / Good / Bad / Mediocre / Neglectful / Awful / Abusive  
Please choose 2 and explain:

35. Were you verbally abused as a child or teen? Yes / No; what ages if you recall:

36. Were you physically abused as child or teen? Yes / No; what ages if you recall:

37. Were you molested as a child or teen? Yes / No; what ages if you recall:

38. Were you ever verbally abused as an adult? Yes /No

39. Were you ever physically abused as an adult? Yes / No

40. Were you ever sexually abused as an adult child? Yes / No

41. Are you married? Yes / No

42. Are you engaged to marry? Yes / No

43. Number of times you have married? \_\_\_\_\_

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44. Are you: divorced / separated / living together now
45. Number of times you've been divorced\_\_\_\_\_
46. Are you going through a divorce or separation? YES/ / NO If yes, which one?
47. Are you going through a rough time in your marriage or in your relationship with your significant other? Yes / No  
Please Explain:
48. Are you are in a boyfriend / girlfriend / partner / spousal relationship now?
49. Is this current relationship generally happy for you? Yes / No / Sometimes/Rarely  
Please describe:
50. Do you have a real best friend who you genuinely trust? Yes / No
51. Who are you presently living with including you, friends, animals or family?
52. How many children or stepchildren do you have and what are their ages?
53. Have you chosen not to have children or are you not ready or not able to have children? YES / NO  
Please explain.
54. If you have children, do your children live with you? Yes / No / Sometimes / Wish they did  
If no, with who do your children primarily live?
55. Do you have visitation / child support arrangements regarding children from a former relationship Yes / No  
If YES, please explain if you are pleased or not with those arrangements?
56. What are the major stressors in your household at this time?  
Please explain.
57. Are your children grown up & on their own? Yes / No / Sometimes
58. Are you a grandparent? Yes / No / Soon / Hope to Be
59. Are you truly satisfied with your accomplishments thus far in your life? Yes / No  
Please Explain:
60. Are you having financial worries about your life and your future? Yes / No  
Please Explain:
61. What wisdom or legacy would you like to impart to the next generation?
62. Do you have siblings you are close to? Yes / No / Wish I did
63. How many do you have?
64. Who is the most supportive family member (s) at this time for you?  
If you do, Please Explain HOW they offer support:
65. Do you have a support system that helps you out of a jam? Yes / No / Sometimes
66. What is your occupation or profession (including student) and do you enjoy it and why?  
Please explain:

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67. What in your work or school day do you find meaningful?  
Please Explain:

68. At the end of the work and/or school day when all is said & done, do you feel truly appreciated? Yes / No / Sometimes / Rarely / Wish I did it. If NO how would you like to be appreciated?

69. When you wake up in the morning do you feel a sense of purpose? Yes / No  
If YES Please Explain your purpose.

If NO, do you wish to find a sense of purpose and greater meaning in your life?

70. How much stress are you experiencing making decisions?  
At Home: A lot / A little / None  
Please explain:

At School: A lot / A little / None  
Please explain:

At Work: A lot / A little / None  
Please explain:

With everyday chores: A lot / A little / None  
Please explain:

With responsibilities: A lot / A little / None  
Please explain:

With decision making in general: A lot / A little / None  
Please explain:

With prioritizing: A lot / A little / None  
Please explain:

71. Name 3 of your strengths:

1.

2.

3.

72. Draw a picture here that illustrates your STRONGER self: (Please put YOUR NAME somewhere IMPORTANT in the picture)  
(it can be shapes, lines, colors, stick figures – be creative)

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73. Name 3 of your weaknesses:

- 1.
- 2.
- 3.

74. Draw a picture here that illustrates your WEAKER self: (Please put YOUR NAME somewhere in the picture)  
(it can be shapes, lines, colors, stick figures – be creative)

Substance Use	YES	NO
Have you made an effort to cut down on your drinking or drug use? Please explain:		
Are you annoyed by people who criticize your drinking or drug use? Please Explain:		
Do you feel guilty or ashamed about your drinking or drug use? Circle one. Please Explain:		
Do you ever use drugs to (Circle and check): steady your nerves, get rid of a hangover, relieve withdrawal symptoms		
If you no longer use, have you replaced that need with something else? If YES, please explain:		
Does this replacement for using alcohol or drugs hindered or helped you? Please explain:		
Do you have any other kinds of addictions that you can think of? Please Explain:		

75. Have you had treatment for substance and drug abuse or dependency? Yes / No  
Where and when? For how long?

Was this treatment successful in your opinion?  
Please Explain.

If not successful, what did you need from the treatment that you did not get?  
Please Explain:

76. Can you put a name, emotion or feeling to any addiction that you experience (it doesn't have to be drugs or alcohol)?  
Please describe:

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Substance	Age at First Use	Date/Age at Last Use	Duration & Frequency of Use
Alcohol			
Marijuana			
Methamphetamine			
Amphetamines			
Cocaine			
Benzodiazepines			
Barbiturates			
Hallucinogens (LSD, mescaline)			
Opiates that ARE prescribed			
Opioids NOT prescribed			
Prescription drugs that are not opioids			
Methadone			
Heroin			
PCP (Angel Dust)			
Inhalants			
Other Illicit Substances			
Caffeine			
Tobacco smoking/chewing			

### 77. Legal Issues

Are you facing any kind of legal issue at this time? Yes / No.  
Please explain:

Have you had any legal offenses in the past? Yes / No.  
If yes, please list the specific offenses.

Do you have an attorney (s) who is handling your case? Yes / No.  
If yes, who and for what matter?

Have you been legally or court-ordered for counseling? Yes / No  
If yes, by whom?

Has your family faced stressful legal issues w/in last 5 years? Yes / No.  
What are they?



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**78. Please indicate any family history of psychological problems:**

Problem/Illness	Which Family Member
Nervous breakdown	
Depression	
Bipolar	
Anxiety/panic	
Drug abuse	
Alcohol abuse	
Suicide	
Violent crime	
Survivor of abuse	
Abuser or Molester	

79. Is there other family history or problems you experienced as a child, teen or adult that you'd like us to know at this time? No / Yes  
If YES, please explain:

80. Have either of your parents or grandparents, siblings, important extended family died? Yes / No  
If YES, when, who and how did that affect your life?

**81. Medical History (circle as applicable)**

Allergies (list):

Chest pain	Heart problems	Palpitations	Chronic pain
Abortions	Miscarriages	Headaches	HIV
Thyroid problems	Asthma/cough/bronchitis	Arthritis pain	Sexually Transmitted Diseases
Diabetes	High blood pressure	Weight gain	Weight loss
Liver problems	Stroke	Seizures	Trauma
Other problems:			

**82. Family History Of Physical Illness:**

Problem/Illness                      Family Members

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83. Please list your non-psychiatric & psychiatric medications

Medication	Prescriber	Side Effects

84. Are any of your medications side effects interfering with your mood, memory, or concentration? YES/ NO  
If yes, please explain?

85. Do you have environmental or food allergies? No / Yes  
If YES, please explain:

86. Who is your Primary Care Physician(s)? Location

87. What would you like your therapist to understand the most about you as a person?

88. What spiritual values are the most important to you? (Does not have to be religious)

89. What principles in general describe how you direct and live your life and how you treat others?

90. Are you kind to yourself and in what way?

91. Are you punitive to yourself and in what way?

92. Do you have a mentor from whom you receive guidance and what do they provide to you emotionally?

93. What do for yourself to forgive yourself for your mistakes?

94. Do you make time for yourself, for fun, play and hobbies?

95. What are your unique talents or talents you have or would like to learn?

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96. What would you like your family member(s) or significant other to understand the most about you?
97. What are you not getting from your spouse or parent or child or partner that you'd wish he/she would know to give to you?
98. Jot down 1 quote that you create that best describes what you want most for your own life:
99. Jot down 1 quote that you create which best describes what you want most for someone you care about:
100. Please give a TITLE to your life story thus far:
101. To whom and to what would your life story and legacy be dedicated:
102. Describe THREE WISHES or DREAMS of yours in order of preference that you would like to fulfill during your lifetime:
- 1.
  - 2
  - 3.
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