

# ASSESSMENT INTERVIEW FORM

(November 2016)



**Counselling  
Together**

*In Association with LEAF  
Registered Charity No. 1108406*

This assessment form is to enable the counsellor to gain a better understanding of how to help you. Please take time to answer all the questions as honestly as possible and bring your completed form to your assessment session.

<b>Name:</b>	<b>Date Of Birth:</b>	
<b>Address:</b>		
<b>Tel. Number Home:</b>	<b>Tel. Number work:</b>	
<b>Tel. Number Mobile:</b>	<b>E-mail address:</b>	
<b>Can a counsellor leave a message at any one of these contact points?</b>		
<b>Occupation (own):</b>	<b>Spouse's:</b>	
<b>Marital status, please circle: Married / Single / Engaged / Divorced / Widowed</b>		
<b>Years married:</b>	<b>Years divorced:</b>	<b>Years widowed:</b>
<b>Name of spouse:</b>	<b>Age:</b>	
<b>Name of child:</b>	<b>Age:</b>	
<b>Name of child:</b>	<b>Age:</b>	
<b>Name of child:</b>	<b>Age:</b>	
<b>Name of child:</b>	<b>Age:</b>	
<b>Your childhood (brief description – good/bad memories):</b>		
<b>Siblings names and ages now:</b>		
<b>Have you any history of church attendance and do you want to say anything about your spiritual beliefs including none?</b>		
<b>Any previous psychiatric treatment or counselling? When and for what and how long was the therapy and why was it ended?</b>		
<b>Was this helpful and say why?</b>		
<b>GP Name and Address:</b>		
<b>Telephone number of GP:</b>		

Have you any objection to me writing to your GP when you start your counselling sessions? (if yes, then say why you object):

Have you any objection to me speaking by telephone to your GP if it becomes necessary at any time during the counselling?

Medical problems/history:

If you are receiving any medical treatment or taking medication prescribed by your GP please give the details e.g. name and dosage:

**MEDICATION, SUBSTANCES AND MENTAL HEALTH:** *In order to ensure their safety, Clients should reveal if they are taking any medication or substances or have a history of any mental health conditions at the commencement of counselling. If the Client does not disclose information which later proves to be significant in the counselling work this may lead to the Counsellor needing to speak to the Client's GP or other appropriate professional or services. Clients should inform their Counsellor if there is any change in their medication or substance intake or their mental health at any time whilst the counselling arrangement is in effect.*

What would you say is the condition of your overall health?

Have you ever self harmed? If yes, say how:

Have you ever had suicidal thoughts? If so, when and did you create a plan about how to take your own life?

Why are you seeking counselling now, rather than any other time i.e. what are the recent circumstances that have led to your decision to apply?

How did you find out about our counselling service?

When would you be available (days & times) for counselling and are you able to travel to the counselling room? (i.e. have you a car or other means to travel?)

Please indicate below which of the following apply to you now:											
	Yes	No		Yes	No		Yes	No		Yes	No
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	Palpatations	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	Loneliness	<input type="checkbox"/>	<input type="checkbox"/>	Tremors	<input type="checkbox"/>	<input type="checkbox"/>	Guilt	<input type="checkbox"/>	<input type="checkbox"/>
Tension	<input type="checkbox"/>	<input type="checkbox"/>	Isolated	<input type="checkbox"/>	<input type="checkbox"/>	Smoking	<input type="checkbox"/>	<input type="checkbox"/>	Sexual problems	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal thoughts	<input type="checkbox"/>	<input type="checkbox"/>
Shyness	<input type="checkbox"/>	<input type="checkbox"/>	Irritability	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	Bowel disturbances	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	Alcoholism	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	Appetite Loss	<input type="checkbox"/>	<input type="checkbox"/>
Panic Attacks	<input type="checkbox"/>	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Stomach trouble	<input type="checkbox"/>	<input type="checkbox"/>	Financial problems	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty in making friends	<input type="checkbox"/>	<input type="checkbox"/>	Indecisiveness	<input type="checkbox"/>	<input type="checkbox"/>	Drug dependency	<input type="checkbox"/>	<input type="checkbox"/>	Weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Anger	<input type="checkbox"/>	<input type="checkbox"/>	Bad home conditions	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty in keeping a job	<input type="checkbox"/>	<input type="checkbox"/>	Any other difficult emotion?		
Apathetic	<input type="checkbox"/>	<input type="checkbox"/>							.....		
Do you have any pastoral support from a church or a friend?											
Social Life/Hobbies:											
Please indicate the nature of your problem and when it began:											
How does the problem restrict you in living how you want to?											
What changes would you like to make in your life?											
How do you think counselling can help you i.e. what are your expectations of counselling?											
Counselling may take around 6 – 12 months or more of weekly sessions. Do you feel able to maintain such a long term commitment?											
Have you the means to pay the required counselling fees over this period of time? (Fees are normally £40 for individual sessions and £50 for couples sessions, but there may be opportunity for negotiation depending on financial circumstances.)											
With thanks to the support of local churches, we have a small number of Bursary places available for those in financial need (e.g. out of work and receiving benefits). Would you like to apply for one of these places, this may involve a wait for a funded place to be available?											
Signed:						Date:					