

Counseling Assessment Form

Assessor Information

Name: _____

Title: _____

Date: _____

Location: _____

Applicant Information

Full Name: _____

Date of Birth: _____

Gender: _____

Address: _____

Phone Number: _____

Emergency Contact Name and Relationship: _____

Emergency Contact Phone: _____

Presenting Issue

Describe the current concern or reason for seeking counseling (include duration, frequency, and intensity of the issue):

Symptoms

Describe any psychological, emotional, or physical symptoms:

Medical History

List any known medical conditions or issues:

Medications

List any current medications, including dosage and frequency:

Mental Health History

Detail any past mental health treatment, diagnoses, or hospitalizations:

Family Mental Health History

Describe any known mental health issues in the immediate family:

Life Stressors

Detail any recent or current major life changes or stressors:

Substance Use

Detail any use of alcohol, drugs, or other substances:

Risk Assessment

Evaluate for any risk of harm to self or others:

Strengths and Resources

Describe the client's strengths and available resources (e.g., social support, coping skills, resilience factors):

Treatment Goals

Detail the client's therapeutic goals:

Assessor Notes

Include any other observations or comments relevant to the assessment:

Signature

Assessor's Signature: _____

Date: _____

Always remember to follow the ethical guidelines of your profession when conducting an assessment, including obtaining informed consent and maintaining confidentiality.