



INTERFACE-SAMARITAN COUNSELING CENTERS (ISCC)

CLIENT HISTORY

Client Name _____ ISCC File # _____

How, or from whom, were you first referred to us? _____

What is your reason for seeking counseling now? _____

Are any of the following conditions a problem or struggle for you at this time? (Check all that apply)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Self Esteem | <input type="checkbox"/> Family/Relationship Issues | <input type="checkbox"/> Sexual Problems |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Loss of Faith in God | <input type="checkbox"/> Loss of Meaning in Life | <input type="checkbox"/> Loss of Work/Job |
| <input type="checkbox"/> Job/School Issues | <input type="checkbox"/> Irrational Fears | <input type="checkbox"/> Depression | <input type="checkbox"/> Grief |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Feelings of Guilt | <input type="checkbox"/> Chronic Fear | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Suicidal Feelings | <input type="checkbox"/> Anger/Conflict | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Religious Doubts |
| <input type="checkbox"/> Marital Issues | <input type="checkbox"/> Rage | <input type="checkbox"/> Loss of Hope | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Relationship to Parent/Child | <input type="checkbox"/> Homicidal Feelings | | |

MEDICAL/PSYCHOLOGICAL

Name of physician _____ Date of last exam _____

Current illnesses and medications _____

Have you ever received psychotherapy or counseling in the past? (circle) Y N When? _____

Name of treating therapist _____

SPIRITUAL

ISCC therapists strive to be sensitive to and respectful of your spiritual values and desires in therapy.

How important are spiritual beliefs and values to you?

- Unimportant Below Average Average Above Average Very Important

Do you participate in a church/faith community? (circle) Y N Denomination: _____

Do you desire to have your spiritual values and perspectives included in the therapy process?

- Yes No Maybe Comment: _____