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Client History

Today's Date _____

Name: _____

Address: _____

Phone: (H) _____ (C) _____

Email address: (optional) _____

Age/Date of Birth: _____

If a minor, Parent Name(s): _____

Occupation/Employer: _____

Work Phone: _____

Ok to leave phone messages? Yes / No Which phone number? _____

Ok to send emails? Yes / No

In Case of an **EMERGENCY**, I authorize Mary Anderson Schroeter, MSW, LCSW to contact the following person(s):

Name: _____ Ph: _____

Relationship to you? _____

Name: _____ Ph: _____

Relationship to you? _____

What brings you in today?

A. Biology

1. Do you have a personal history of depression or anxiety? Yes/No Any other mental illness?

If 'Yes' please explain

2. Do you have a family history of mental illness? Yes/No

If 'Yes' please explain

3. How are you sleeping?

4. How has your appetite been lately?

5. What is your profession?

6. Do you enjoy your job? Yes/No

Please explain

7. Tell me about your activity levels:

8. Do you have any medical illnesses or medical diagnoses? Yes / No
If Yes, please describe:

9. Medications you've taken in the past or are currently taking

10. What is your opinion about anti-depressant or anti-anxiety medications?

B. Psychological

1. Do you currently experience or have you experienced in the past any form of abuse (verbal, emotional, physical, sexual, psychological, etc.) or trauma? Yes/No

If 'Yes' please explain

2. Do you have a history of substance use? Dependence? Abuse? Yes / No
If Yes, please explain (next page)

Do you use drugs or marijuana or consume alcohol currently? How much/often? _____

3. Have you had any significant losses? Yes/No

If 'Yes' please explain

C. Social

1. To whom do you feel closest? _____

2. Who would you say supports you the most in your day to day life? _____

3. Do you have good friends? Yes/No Do you feel they are 'there' for you when you need them? Yes/No

4. Do you have a spiritual affiliation? Yes/No

If 'Yes' please explain and then state if this affiliation/involvement provides you with emotional support

5. Are you in an intimate relationship currently? Yes/No

If 'Yes' how strong is your relationship with your partner?

6. How is your relationship with your family of origin?

7. Tell me about your personal strengths

8. How do you relieve stress? What are ways you have coped with stressful situations or traumatic events in the past?

9. What are your goals for therapy?

Thank you for taking the time to fill out this assessment! The better I understand you, the better I will be able to help you! 😊

