

Mary Anderson Schroeter, MSW, LCSW  
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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?

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## A. Biology

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

If 'Yes' please explain

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

If 'Yes' please explain

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3. How are you sleeping?

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4. How has your appetite been lately?

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5. Describe your past and present activity levels

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6. Do you have any medical illnesses or medical diagnoses? Yes / No

If Yes, please describe:

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

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

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## **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

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2. Do you have a history of substance abuse? Yes / No  
If Yes, please explain

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Do you use drugs/consume alcohol or marijuana currently? \_\_\_\_\_

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

If 'Yes' please explain

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### 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

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5. Do you have a current relationship? Yes/No

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

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

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7. Tell me about your personal strengths

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

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9. What are your goals for therapy?

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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! 😊