

Mary Anderson Schroeter, MSW, LCSW
Integrative Pathways Counseling, PLLC
7950 S Lincoln St., Suite 108, Littleton, CO 80122
mary@integrativepathwayscounseling.com * 303-883-7271

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. Have you experienced PMS? How severe? How often?

6. Any other hormone-related challenges? Yes/No

If 'Yes' please explain

7. Describe your past and present activity levels

8. Number of pregnancies? _____ Number of children? _____

9. Do you have a history of infertility? Yes/No

If 'Yes' please explain

10. Have you had previous challenges with pregnancy, birth or the postpartum period?

11. Have you experienced the loss of a baby? Yes/No Have you adopted? Yes/No

If 'Yes' please explain

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

If Yes, please describe:

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

14. 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 abuse? Yes / No
If Yes, please explain

Do you use drugs or alcohol currently? _____

3. Please describe your last pregnancy and birth experience

4. Did the outcomes of pregnancy and/or birth match your expectations of how the pregnancy and birth would go? Yes/No

If 'No' please explain

- 5. Was this a planned pregnancy? Yes/No
- 6. How do you view yourself as a Mother?

- 7. How did you view yourself before you became a Mother?

- 8. If there *is* a discrepancy between how you felt before becoming a Mother and how you feel now after becoming a Mother, describe the 'you' that you feel you have lost and how that makes you feel?

- 9. Have you had any significant losses? Yes/No

If 'Yes' please explain

- 10. Have you had unwanted thoughts or images? Yes/No

If 'Yes' please explain and explain how these thoughts/images make you feel

- 11. Have you had any thoughts of harming your baby? Other children? Yourself? 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. Do you have a current relationship? Yes/No

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

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

7. How would you describe your relationship with your baby? Has it changed over time?

8. Tell me about your personal strengths

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

10. 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! 😊

***Remember**

You are not alone. You are not to blame. This is temporary, this will not last forever. With help, you WILL be well.

- Postpartum Support International

