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## Client Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Primary Phone (home/cell/work) \_\_\_\_\_ Check if o.k. to leave message \_\_\_\_

Alternate Phone (home/cell/work) \_\_\_\_\_ Check if o.k. to leave message \_\_\_\_

Relationship status:        \_\_\_single        \_\_\_separated        \_\_\_married

   \_\_\_divorced (# of times \_\_\_)

   \_\_\_partner, not married        \_\_\_widowed

How long with current partner? \_\_\_\_\_ Living together? \_\_\_\_\_ How long? \_\_\_\_\_

Children (names and ages) \_\_\_\_\_

Who lives in your household? \_\_\_\_\_

Highest level of education \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Ethnic/Cultural Background (optional) \_\_\_\_\_

Spiritual Practice/Religious Affiliation (optional) \_\_\_\_\_

Name

Relationship

Phone

Emergency Contact(s) \_\_\_\_\_  
\_\_\_\_\_

How did you find me? \_\_\_\_\_

*Your answers below will help me to understand you better, and will be kept confidential. Feel free to write on the back or attach additional pages, if you wish to add more information.*

### **Family History**

In a few words, describe what your relationship has been like with your:

Mother: \_\_\_\_\_  
\_\_\_\_\_

Father: \_\_\_\_\_  
\_\_\_\_\_

Brothers and sisters (include names and ages): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other significant family members: \_\_\_\_\_  
\_\_\_\_\_

Before you were 18, did you experience any of the following?:

\_\_\_ Raised by someone other than parent (who? \_\_\_\_\_)

\_\_\_ Parents divorced (your age \_\_\_)

\_\_\_ Lived with step-parent or other siblings

\_\_\_ Adopted (at what age? \_\_\_)

\_\_\_ Other \_\_\_\_\_

Have you experienced the death of someone close to you? Please give the name and relationship of the person (s), cause of death, and when they died (or your age at the time):

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Did either of your parents abuse alcohol or other drugs? \_\_\_\_\_

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Were the adults in your household abusive or disrespectful to each other? \_\_\_\_\_

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Were you verbally, emotionally, sexually, or physically abused? \_\_\_\_\_

Do any of your current or extended family members have a history of mental illness (depression, anxiety, attention deficit disorder, addictions, etc.)? \_\_\_\_\_

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Has anyone close to you committed suicide or attempted to commit suicide? \_\_\_\_\_

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Is there anything that troubles you about your childhood (family, school social, etc.)? \_\_\_\_\_

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## **Health History**

Current physical health concerns (including chronic conditions): \_\_\_\_\_

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Current prescribed medications you are taking and condition or addressed: \_\_\_\_\_

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Previous medical hospitalizations, serious illnesses or injuries, seizures, or head injuries:

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Previous counseling experiences (include approximate dates, length of time, and reasons):

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Do you have any previous mental health diagnoses? \_\_\_\_\_

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Have you ever been hospitalized for mental illness? \_\_\_\_\_

Have you ever attempted suicide or had serious thoughts of suicide? If yes, when and why?:

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How often do you use alcohol or other drugs?

\_\_\_ daily \_\_\_ 1-2 times/week \_\_\_ 2-5 times/week \_\_\_ 1-2 times/month

\_\_\_ less than once/month

Type of alcohol or drugs consumed and amount: \_\_\_\_\_

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Has your alcohol or drug use caused problems in your life? (please explain): \_\_\_\_\_

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Have you struggled with any other behaviors that felt compulsive or difficult to control such as overeating, an eating disorder, pornography use, gambling, spending money, internet use/gaming, excessive sexual activity, etc.? Please describe briefly and indicate whether it is past or present.

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Is there anything in your sexual history that disturbs you? \_\_\_\_\_

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## **Self Care**

What are the major stresses in your life? \_\_\_\_\_

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What do you do to relax or relieve stress? \_\_\_\_\_

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Who can you turn to for emotional support? \_\_\_\_\_

\_\_\_\_\_

How much do you typically sleep? Do you have any sleep problems? \_\_\_\_\_

\_\_\_\_\_

## **Therapy Goals**

What brings you to therapy at this time? (Please describe the issues and concerns for which you are seeking counseling.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you hope your life will be different after counseling? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_