Pastoral Counseling Services of the South Shore
Treatment Information Form

The information requested in this form will be kept confidential, and will help your counselor to assist you. Please fill out the form as completely as you can.

GENERAL INFORMATION

Name: _____

First **Middle Initial** **Last**

DOB: _____/_____/_____ **Parent/ Guardian** ***(if under 18):*** _____

Referred by: _____ **Faith Affiliation:** _____ **Active?** YES / NO

Reason for choosing this center: _____

_____

_____

Reason for Referral: _____

_____

_____

EMPLOYMENT/ EDUCATION INFORMATION *Please use a (✓) or an (X) where indicated.*

	Full time employee		**Part time employee**		**Full time at home**		**Unemployed**		**Student**

Place of employment: _____ **Length of employment:** _____

What type of work do you do? _____

Highest Level of Education Completed *Please use a (✓) or an (X) where indicated.*

	High School		**College**		**Graduate Degree**		**Professional Training**		**Other**

FAMILY INFORMATION *Please use a (✓) or an (X) where indicated.*

	Single		**Divorced**		**Engaged**		**Widow(er)**		**Married**
	Separated		**Cohabitating**		**Other**				

Parents *Please use a (✓) or an (X) where indicated.*

_____ ☐ **Living** ☐ **Deceased** **Age:** _____
Mother's Name

_____ ☐ **Living** ☐ **Deceased** **Age:** _____
Father's Name

Siblings: *Please list the names and ages of your siblings.*

_____

_____

_____

Children (*Please list the names and ages of your children.)*

_____

_____

_____

Cohabitants (*Please list the names, relationship, and ages of those you live with.)*

_____

_____

_____

PROBLEM DEFINITION

What is your reason for seeking help now? _____

_____

_____

_____

Are any of the following conditions a problem for you at this time? *Please use a (✓) or an (X) where indicated.*

	Anxiety, excessive worry, nervousness		**Grief and loss**		**Depression**
	Irrational fears		**Hallucinations**		**Loneliness, isolation**
	Anger problems, rage		**Relationship to spouse/partner**		**Loss of work, job**
	Intense excitement, euphoria		**Low self-esteem**		**Stress**
	Relationship to kids		**Guilt**		**Disordered eating**
	Loss of hope		**Legal problems**		**Relationship to parents**
	Lack of or excessive interest in sex		**Phobias**		**Spiritual/Religious doubts or crisis**
	Conflicts at work		**Substances or dependency**		**Shame**
	Suicidality		**Loss of meaning, purpose**		**Major life changes, life transition**
	Compulsive behaviors		**Obsessive thoughts**		**Excessive behaviors such as careless spending, reckless driving, etc.**
	Difficulty relaxing		**Mood swings**		**Feelings of unreality, or being disconnect from yourself**
	Nightmares, night terrors		**Non-drug or alcohol addictions**		**Intrusive thoughts**
	Panic attacks		**Flashbacks**		**Housing problems**
	Poor impulse control		**Target of prejudice regarding racial, cultural, sexual, religious or gender identity, age, differing abilities, and/or national origin**		**Other**

What would you like to see happen as a result of psychotherapy or counseling? _____

_____

_____

_____

_____

PSYCHOTHERAPY HISTORY

Have you or any member of your family received help for drug or alcohol use and dependency? *If so, please list names, approximate dates, and the name of the helping agency.* _____

_____

_____

_____

Have you ever been hospitalized for psychiatric reasons? *If so, please list when you were hospitalized as well as the name(s) of the treatment facility at which you were hospitalized.* _____

_____

_____

_____

Have you received psychotherapy in the past? *If so, please list when you have been in counseling as well as the name(s) of your previous therapist(s) and the agency at which your previous therapist(s) worked.*

_____

_____

_____

ACKNOWLEDGEMENT

Please sign and date this document attesting that the information you have written on this form is accurate to the best of your knowledge.

_____ _____

Signature *Date*

Please initial on the line below indicating you have received a copy of the "Notice of Privacy Practices handout.

_____ *Initial Here*