

**Journeys End Counseling, Consulting & Training, LLC**  
**Patient History Questionnaire**

**\*\* Please complete for each individual participating in therapy sessions.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male

Marital Status:  Single  Married  Cohabiting  Divorced

Please list recent changes to your household/family \_\_\_\_\_

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Please list any medical concerns/health issues for you or children (as appropriate) please include family history.

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History of suicidal attempts:  Y  N, if yes, date of most recent attempt \_\_\_\_/\_\_\_\_/\_\_\_\_

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History of violence or aggression toward self or others ?  Y  N , if yes, explain \_\_\_\_\_

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Sexual or physical abuse?  Y  N, if yes, are you experiencing nightmares, relationship difficulties, problems with intimacy? \_\_\_\_\_

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Name: \_\_\_\_\_

Substance Abuse?  Y  N , if yes please list type and frequency and route of transmission

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Prior hospitalizations or psychiatric treatment or counseling:  Y  N if yes, most recent hospitalization or treatment episode

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Legal History:  Y  N Please list any incarcerations or law violations or law suits

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Please list all medications or vitamin supplements you are currently taking and frequency:

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Loss or grief: \_\_\_\_\_

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Name \_\_\_\_\_

Recent changes in employment, housing, friendships?  Yes  No \_\_\_\_\_

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How does faith and spirituality impact your life?  Greatly  Somewhat  Not at all

Do you attend or belong to a church or worship center?  Y  N

How often do you attend:  Weekly  Monthly  Occasionally?

Recreational or social activities:

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Employment:  Y  N  FT  PT  TEMP  Job Seeking ( type of work/industry)

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Desired goal(s) for counseling \_\_\_\_\_

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If you have had counseling in the past please list what types of activities or assignments were successful in helping to resolve the problem or concern.

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How did you hear about us?  Phone Book  Insurance  Referral from friend  Referral from church  
 Community referral  website

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date