Child & Family Guidance Center of Texoma
Current Concerns and Client History
Adult

Client Name: _____Age: ____ Gender: _____ Ethnicity: _____

Phone #: _____ ___Single ___Married ___Divorced ___Separated ___Cohabitating

Presenting Problem

Describe the problems you are having and when they began: _____
_____
_____

What do you believe has contributed to the problem? _____
_____
_____

What type of therapy services are you seeking? ___Individual ___Couples ___Family ___ Crime Victim

CURRENT CONCERNS: Please check all that apply and place a star next to the items of significant concern.	Mood Related Issues	Behavioral/Conduct Issues
	___Disturbing memories ___Difficulty going to sleep/staying asleep ___Nightmares/night terrors ___Suicidal thinking or talking ___Irritability ___Sadness/Depression ___Feelings of guilt and shame ___Excessive worrying/fear/anxiety ___Chronic stress ___Other (please specify) _____	___Anger issues ___Aggression toward others ___Drug/Alcohol use ___Betraying relationships ___Engaging in risk-taking behaviors ___Stealing ___Intentionally hurting animals ___Fire-setting ___Other unusual behaviors (please specify) _____
Family Relationship Issues	Other Behavioral Concerns	Work/School Issues
___Difficulty adjusting to family changes ___Discipline/Parenting concerns ___Parent-Child relationship problems ___Estranged relationships ___Other relationship problems ___Divorce/Separation ___Religious/Spiritual concerns ___Constant fighting ___Lonely ___Other (specify)_____	___Sexual identity concerns ___Inappropriate sexual behavior ___Sexual issues in general ___Appetite/eating concerns ___Hyperactive/Impulsivity ___Inattentive ___Lying ___Oppositional/Defiant ___Grief/Loss ___Bored with life ___Other (please specify)_____	___Learning difficulties ___Problems with peers ___Problems with teachers ___Failing grades ___Refusing to go to work/school ___Bullying concerns ___Time management concerns ___Harassment issues ___General work performance issues ___Career dissatisfaction ___Other (please specify)_____

Treatment History:

1. Past or present counseling services received? ____No ____Yes When?_____
   Provider Name: _____ How long? _____
   Did treatment help you? ____No ____Yes
2. Past psychological evaluation: ____No ____Yes Please provide a copy of evaluation if possible.
3. Past hospitalizations for emotional/behavioral issues or alcohol/drug treatment? ____No ____Yes
   When/Where _____
4. Is there a history of mental health issues in your family? ____No ____Yes
   Please list family members: _____

Family History:

1. Who lives in your home with you? ___ Spouse/Significant Other ___ Children ___ Other Relative ___ Other
2. Do you have children? ____No ____Yes ____Biological ____Step or Half
   How many live in your home with you? _____ Ages: _____
3. Are you currently in the process of separation or divorce? ___No ___Yes
4. Who are some important people in your life? _____
5. Your life experiences growing up can affect your life. What experiences or events (divorce, grief, family violence, discipline, favoritism, trauma, affection, lack of attention, bullying, or others) have made a difference in your life?
   _____

_____
_____

Personal History

1. What is the highest grade you have completed? _____
2. Did you have any problems in school? ___ Academic ___ Discipline ___ Friends/Social ___ Bullying
3. Are you currently employed? ___No ___Yes Where? _____ How long? _____
   How many hours per week? _____ Job Title: _____
4. Have you served in the military? ___No ___Yes How long? _____Type of discharge? _____
5. Are you <u>now</u> or have you <u>ever</u> been involved with the legal system? (criminal, divorce, custody, civil, etc.)
   ___No ___Yes How? _____
6. Do you anticipate any future involvement with the legal system? ___No ___Yes
7. Have you ever been physically, sexually, or emotionally abused? ___No ___Yes

Social History

1. What are your most positive qualities/strengths? _____
2. What qualities/actions would you like to change about yourself? _____
3. From whom do you get emotional support? _____
4. Do you have friends? ____ No ____ Yes How do you get along with your friends? _____
5. Has there been a change in your circle of friends lately? ____ No ____Yes
6. What have been the losses, changes, crises and transitions in your life? _____
   _____
   _____
7. Do you have a belief system (cultural, moral, spiritual, religious, etc.) which influences your life? _____
   _____
8. Is there anything about your lifestyle (or your family or friends) that would be helpful for your therapist to know?
   _____
   _____

Medical History

1. Client's general health is? ____ Excellent ____ Good ____ Fair ____ Poor
2. List any allergies, serious illnesses, surgeries or injuries, hospitalizations: _____
   _____
3. What physical illnesses run in your family? _____
   _____
4. What is the name of your doctor? _____

Please check the following items for a current and past diagnosis received:

Diagnosis	Present	Past	Date of Diagnosis	Name of Medication	Dosage	Prescribing Physician
Depression						
ADHD/ADD						
Learning Disability						
Anxiety/Nervousness						
Panic Attack						
Manic-Depression/Bipolar						
Schizophrenia						
Mood/Anger						
Tics						
Insomnia/Sleeplessness						
Obsessive/Compulsive						
Addictions						
Convulsions						

Child & Family Guidance Center
Adverse Childhood Experiences (ACE) Questionnaire
Ages 18 and over

The Child & Family Guidance Center of Texoma is striving to become a fully integrated trauma informed care organization. We recognize the significance of resilience and the ability of individuals, organizations and communities to heal and promote recovery from trauma. To help us better serve you, please complete this short questionnaire concerning possible life events. Thank you!

QUESTION 1 OF 10
Before your 18th birthday, did a parent or other adult in the household often or very often…
swear at you, insult you, put you down, or humiliate you?

Or
act in a way that made you afraid that you might be physically hurt?

☐ Yes ☐ No

QUESTION 2 OF 10
Before your 18th birthday, did a parent or other adult in the household often or very often…
push, grab, slap, or throw something at you?

Or
ever hit you so hard that you had marks or were injured?

☐ Yes ☐ No

QUESTION 3 OF 10
Before your 18th birthday, did an adult or person at least five years older than you ever…
touch or fondle you or have you touch their body in a sexual way?

Or
attempt or actually have oral, anal, or vaginal intercourse with you?

☐ Yes ☐ No

QUESTION 4 OF 10
Before your eighteenth birthday, did you often or very often feel that…
no one in your family loved you or thought you were important or special?

Or
your family didn't look out for each other, feel close to each other, or support each other?

☐ Yes ☐ No

QUESTION 5 OF 10
Before your 18th birthday, did you often or very often feel that…
you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

Or
your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

☐ Yes ☐ No

ACE QUIZ *(CONT.)*

QUESTION 6 OF 10
Before your 18th birthday, was a biological parent ever lost to you through divorce, abandonment, or other reason?

☐ Yes ☐ No

QUESTION 7 OF 10
Before your 18th birthday, was your mother or stepmother:
often or very often pushed, grabbed, slapped, or had something thrown at her?

Or
sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

Or
ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

☐ Yes ☐ No

QUESTION 8 OF 10
Before your 18th birthday, did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

☐ Yes ☐ No

QUESTION 9 OF 10
Before your 18th birthday, was a household member depressed or mentally ill, or did a household member attempt suicide?

☐ Yes ☐ No

QUESTION 10 OF 10
Before your 18th birthday, did a household member go to prison?

☐ Yes ☐ No

Scoring
1 point is assigned to each “Yes” answer.

Source
http://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean