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Client Problem Assessment, Page 1 of 4

Counselor Name _____ Date _____

Client Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Email _____

Sex M / F Married Single Divorced Widow/widower

Children? Yes / No How many? ____ Ages? _____

May we contact you? Yes / No

Do you mind if we mail you literature we feel may help you? Yes / No

Why are you calling us today?

Presenting Problem

Counselors evaluation of the problem(s)

Recommended treatment plan

	<u>Issues to be addressed</u>	<u>Method</u>	<u>Goal</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Issues involved: Check all that apply Write notes next to each item as they apply

- Marital/relationship conflict? _____
- Parenting Issues? _____
- Blended family/family issues/unforgiveness? _____
- Anger problems/verbal abuse? _____
- Domestic violence? Yes / No Worst incident? _____ How long? _____
- Drug/alcohol abuse/addictions
Types? _____ How long? _____ Dependent? Yes / No
- Pornography/sexual addiction? _____
- Rape/incest/homosexuality? _____
- Sexual problems _____
- Other abuse/trauma/sicknesses/abortions?

- Codependency How severe? _____ Subtype? _____
- Divorce/separation? _____ When separated? _____
- Loss/grief _____
- Depression ___ Bi-polar? ___ Suicidal? ___ Plan? ___
- Emotional problems? ___ Low Self-worth? ___ Driven? ___ Pride? ___
- Financial problems? _____
- Other _____

Relationship analysis

- Married/Divorced/Cohabitation? How long? _____
- #Marriages _____ #Children _____
- Rate marriage 1-10 (10 being best) 1 2 3 4 5 6 7 8 9 10
- Rate sex life 1-10 (10 being best) 1 2 3 4 5 6 7 8 9 10

Family of origin

Client:

Child # ___ out of ___ children in the family ___ Adopted? ___ Role in the family _____
 Describe father _____ Abuse/controller? ___ Child met expectations? _____
 Describe mother _____ Abuse/controller? ___ Child met expectations? _____
 Divorced? _____ At what age? _____ Whom did you live with? _____
 Describe step father/mother _____ Abuse/controller? ___ Child met expectations? _____
 Describe family life _____
 School performance _____ Sports? _____ Parental support _____
 Describe relationships _____
 Mental/physical health problems in family? _____ Suicide attempts? _____

Spouse:

Child # ___ out of ___ children in the family ___ Adopted? ___ Role in the family _____
 Describe father _____ Abuse/controller? ___ Child met expectations? _____
 Describe mother _____ Abuse/controller? ___ Child met expectations? _____
 Divorced? _____ At what age? _____ Whom did you live with? _____
 Describe step father/mother _____ Abuse/controller? ___ Child met expectations? _____
 Describe family life _____
 School performance _____ Sports? _____ Parental support? _____
 Describe relationships _____
 Mental/physical health problems in family? _____ Suicide attempts? _____

Spiritual assessment

Client

Saved? How long? ___ Baptized? ___ Bible knowledge? ___ Spiritual disciplines? _____
 Attends church? ___ What church? _____ How involved? ___ Bible study? _____
 Involvement in other religion/occult/new age? ___ Type/extent? _____

Spouse

Saved? How long? ___ Baptized? ___ Bible knowledge? ___ Spiritual disciplines? _____
 Attends church? ___ What church? _____ How involved? ___ Bible study? _____
 Involvement in other religion/occult/new age? ___ Type/extent? _____