

TOTAL LIFE COUNSELING INDIVIDUAL CASE HISTORY FORM

DATE SEEN:
COMMENTS:

SECTION ONE: IDENTIFICATION INFORMATION

Case No. _____ Client's Name: _____

Address: _____ City, State, Zip: _____

Referred by: _____ Occupation: _____

Age: _____ Marital Status: _____ Spouse's Name: _____

Spouse's Age: _____ Spouse's Occupation: _____

Attitude of spouse toward client: _____

Attitude of client toward spouse: _____

Client's Position in the Family: _____ (birth order) Among # _____ Siblings

Client's Children: # _____ Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

PRESENTING CONCERN:

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SECTION TWO: THE CLIENT'S BACKGROUND

Home atmosphere in childhood

Home atmosphere now

SECTION THREE: EMOTIONAL RELATIONSHIPS

Between client and spouse: _____

Between client's parents: _____

Between client and siblings: _____

Special Notes:

SECTION FOUR: THE CLIENT'S CHILDHOOD

Birthdate: _____ Birthplace (city, state): _____

Pregnancy (describe any unusual symptoms/problems)

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Earliest childhood memory

Describe childhood habits such as bed-wetting, thumb-sucking, nail biting, etc.

Noticeable neurotic trends in childhood, such as tantrums, sleep-walking, etc

Sources of irritation:

Did client experience loneliness as a child? Explain

What fears were present in childhood

Shocks of any kind received in childhood

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On a scale of 1 - 10 (10 meaning excellent) rate your relationships with:

	1 2 3 4 5 6 7 8 9 10	
Your Father (childhood)	1 2 3 4 5 6 7 8 9 10	Comments
Your Father (presently)	1 2 3 4 5 6 7 8 9 10	
Your Mother (childhood)	1 2 3 4 5 6 7 8 9 10	
Your Mother (presently)	1 2 3 4 5 6 7 8 9 10	
Your Siblings (oldest)	1 2 3 4 5 6 7 8 9 10	
Your Siblings (middle)	1 2 3 4 5 6 7 8 9 10	
Your Siblings (youngest)	1 2 3 4 5 6 7 8 9 10	
Your Spouse (before marriage)	1 2 3 4 5 6 7 8 9 10	
Your Spouse (presently)	1 2 3 4 5 6 7 8 9 10	
Your Children (childhood)	1 2 3 4 5 6 7 8 9 10	
Your Children (presently)	1 2 3 4 5 6 7 8 9 10	
Yourself	1 2 3 4 5 6 7 8 9 10	

SECTION FIVE: THE CLIENT'S SCHOOL LIFE

Grade completed: _____ Retentions: _____ Grades: _____ College: _____

Attitude toward school: _____

Attitude toward teachers: _____

SECTION SIX: THE CLIENT'S BACKGROUND

What occupation chosen? _____ Why? _____

Was client forced into present occupation? _____

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If so, under what circumstances

Has there been a change of occupation?

If so, why

What does client want to be and do?

SECTION SEVEN: THE CLIENT'S PHYSICAL CONDITION

Height _____ Weight _____ Appetite _____

	Good	Fair	Poor
General health	_____	_____	_____
Vision	_____	_____	_____
Hearing	_____	_____	_____

Any Abnormality

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Effects of earlier operations

Heart Condition _____ Lungs _____ Reflexes _____

Bowel and Urinary functions

Alcohol _____ Drugs _____ Tobacco _____

Special Notes:

SECTION NINE: THE CLIENT'S SOCIAL LIFE

Good mixer _____ Aloof _____ Nervous _____ At home with people _____

What type? (describe your social style) _____

Attitude toward social functions _____

SECTION TEN: THE CLIENT'S SPIRITUAL LIFE

What place did religion occupy in your home as a child?

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What place does it now occupy in your home?

Who taught you to pray as a child

What were your ideas of God as a child?

Religion/Denomination _____

Activities _____

Special Notes:

SECTION ELEVEN: THE CLIENT'S UNCONSCIOUS LIFE

How do you sleep? _____ How long? _____ Aided by drugs? _____

Nightmares and dreams (explain)

Recurrent dreams

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Unconscious habits

Fears of unknown origin

Obsessional acts

Morning/Evening Depression

SECTION TWELVE: THE CLIENT'S SEXUAL LIFE

When informed about sex? _____ By whom? _____ How? _____

Masturbation _____ Homosexuality _____

Menstruation history: First period _____ Duration _____ Painful _____

How did you feel about its onset? _____

How does client regard sex?

Sex adventures engaged in

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Do you feel any conflict between your sexual behavior and your beliefs?

Intercourse frequency _____ Satisfaction _____ Contraception _____
Venereal disease _____ Heterosexual practices outside of marriage _____

Special Notes:

SECTION THIRTEEN: MARITAL HISTORY
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Date married _____ Compatibility _____

Miscarriages _____ Abortion _____

Desire or frigidity _____

Premarital sex contact with partner or others

Attitude toward children

Special Notes: