



Touchstone - Counselling Assessment

EMOTIONAL HEALTH

When is the last time you felt happy or at peace _____

When was the last time you had a significant emotional upset _____

What triggered it _____

PHYSICAL HEALTH

When was the last time you saw a doctor _____ For what _____

DIAGNOSIS	MEDICATION(S)	DOSAGE	PRESCRIBED BY	DATE

What are your current health challenges _____

Have you been in the hospital for mental health concerns _____

Where _____ When _____ How long _____

Current self-care habits

eating _____ sleeping _____

exercise _____ meditation _____

friends _____ hobbies _____

WORK - EDUCATION

Job Title _____ Employer _____

Highest level of education achieved _____

SPIRITUALITY

Do you believe in God _____ What is your belief system _____ How much does this impact you _____

FAMILY OF ORIGIN

Where do you fit in the birth order _____

Who did you live with while growing up _____

Is dad still living _____ If not, how old were you when he died _____ How did he die _____

Is mom still living _____ If not, how old were you when she died _____ How did she die _____

Describe any mental illness in immediate/extended family _____

Describe any addiction in immediate/extended family _____

Were you abused as a child _____ How: verbal, emotional, mental, physical, sexual

Are you currently being abused _____ How: verbal, emotional, mental, physical, sexual

ADDICTION - RECOVERY

To what _____ For how long _____ Recovery _____

To what _____ For how long _____ Recovery _____

SIGNIFICANT EVENTS

Death(s) _____

Suicide attempt(s) _____

Birth(s) - Miscarriage(s) - Abortion(s) _____

Foster care - Adoption _____

Relationship heartache(s) - Divorce(s) _____

Accident(s) - Illness(es) - Hospitalization(s) _____

Failure(s) or Loss(es) _____

Arrest(s) - Law suit(s) - Conviction(s) - Prison _____

Disability _____

Debt(s), Payment(s), Bankruptcy _____

Current stress factors _____