**COUNSELLING ASSESSMENT**

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| --- | --- |
| Client Ref: | Assessment Date: |
| Source of Referral: |
| First Counselling Session Date: |
| Any health concerns or prescribed medication: |
| Previous mental health history? Y/N |
| **BACKGROUND** |
| Parent/Carer History: |
| Childhood Memories: |
| School Life: |
| Family: |
| Significant Relationships: |
| Marital Status and History |
| Occupation/current work life: |
| Previous Counselling/Steps to Wellbeing: |
| Social, leisure and hobbies: |
| **Risk Assessment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Risk** | **None** | **Mild** | **Mod** | **Sev** |
| Suicide |  |  |  |  |
| Self-harm |  |  |  |  |
| Harm to others |  |  |  |  |
| Drug or alcohol use |  |  |  |  |
| Legal |  |  |  |  |
| Other services involved: |
| Additional information: |

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| Any specific medical, physical, communication, sensory or cognitive needs that may be relevant to sessions? |
| Bullet points of presenting problems: |
| Aims for Counselling and Overall Assessment: |