**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: | | | | | | |
| 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: | |