**Shauna Fenske, MA, LMFT**

**Individual, Couple and Family Therapy**

**4100 Douglas Dr N Crystal, MN 55422 612.442.8885**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use text messaging? **Y N**  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Single | * Married | * Separated | * Divorced | * Widowed |

If married, name of spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years of Marriage: \_\_\_\_\_\_\_\_

Others living in your household:

Name Age Relationship to You

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yrs: \_\_\_\_

### Medical Information

I consider my current health to be:

|  |  |  |  |
| --- | --- | --- | --- |
| * Excellent | * Good | * Fair | * Poor |

List any significant medical problems:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all current medications (including dosages, if known):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had previous counseling?

|  |  |
| --- | --- |
| * Yes | * No |

Have you been diagnosed with any mental health problems?

|  |  |
| --- | --- |
| * Yes | * No |

* I haven’t been diagnosed officially but I believe I struggle with mental health problems.

If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Life Experiences**

Please check if you have experienced any of the following types of adversity:

|  |  |  |
| --- | --- | --- |
| Emotional abuse | Few friends | Natural disaster |
| Sexual abuse | Neglect | Lived in a foster home |
| Physical abuse | Crime victim | Multiple family moves |
| Parent substance abuse | Parent illness | Homelessness |
| Rape | Placed a child for adoption | Loss of a loved one |
| Bullying | Abortion | Financial problems |
| Witnessed violence/abuse | War | Poverty |
| Unhappy childhood  Co-dependency  Postpartum | Immigration  Infidelity  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Miscarriage  Addiction |

### Current Concerns

What are your major concerns or reasons for seeking services at this time?

Are these concerns affecting any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
| * Finances | * Self-esteem | * Relationships | * Hygiene |
| * Work | * Housing | * Legal matters | * Handling tasks |
| * School | * Sexual Activity | * Health | * Daily tasks |

**Social Support**

Please describe your social support network below (check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| * Mentor | * Support group | * Neighbors | * Recreation |
| * Friends | * Religious center | * Family | * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Co-workers | * Spiritual center | * Community |  |

How important are spiritual matters to you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Not at all | * Little | * Somewhat | * Unsure | * A lot |

**Strengths/Growth Opportunities**

What do you hope to gain from counseling?

Please describe your current strengths and growth areas you are aware of?

**Strengths**:

**Growth Areas**:

How confident are you in identifying, naming, and defining your values?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Not at all | * Little | * Somewhat | * Unsure | * Very |

From the list below, check the values that you identify with:

|  |  |  |  |
| --- | --- | --- | --- |
| * Abundance | * Communication | * Generosity | * Knowledge |
| * Acceptance | * Consistency | * Giving | * Leadership |
| * Accountability | * Curiosity | * Genuineness | * Loyalty |
| * Achievement | * Daring | * Goodness | * Love |
| * Adventure | * Delight | * Grace | * Legacy |
| * Affection | * Decisiveness | * Gratitude | * Logic |
| * Ambition | * Dependability | * Growth | * Learning |
| * Awareness | * Discipline | * Guidance | * Meaning |
| * Authenticity | * Drive | * Happiness | * Mindfulness |
| * Autonomy | * Duty | * Hard work | * Money |
| * Balance | * Determination | * Harmony | * Motivation |
| * Beauty | * Education | * Health | * Openness |
| * Belonging | * Empathy | * Honesty | * Opportunity |
| * Boldness | * Encouragement | * Hopefulness | * Optimism |
| * Bravery | * Endurance | * Humility | * Outcome |
| * Compassion | * Energy | * Humor | * Purpose |
| * Challenge | * Excellence | * Imagination | * Perseverance |
| * Change | * Experience | * Improvement | * Positivity |
| * Contribution | * Expressiveness | * Independence | * Power |
| * Community | * Elegance | * Influence | * Progress |
| * Competency | * Fairness | * Insightfulness | * Relationships |
| * Curiosity | * Fun | * Inspiration | * Respect |
| * Cleanliness | * Faith | * Integrity | * Responsibility |
| * Comfort | * Flexibility | * Intelligence | * Success |
| * Confidence | * Flow | * Intimacy | * Security |
| * Connection | * Focus | * Investing | * Self-esteem |
| * Control | * Forgiveness | * Joy | * Trust |
| * Conviction | * Freedom | * Justice | * Truth |
| * Courage | * Friendship | * Kindness | * Wisdom |