**Shauna Fenske, MA, LMFT**

**Individual, Couple and Family Therapy**

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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
 |