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Name _____ **Date** _____

The following questions help me to understand you and the issues you are coming in to discuss. The more complete you are, the easier it is, and the less time we take in therapy to review them. If you do not wish to discuss an issue at this time, please feel free to leave it blank.

How old were your mother and father at their marriage/when you were born?

Mother _____ Father _____

If your parents are deceased, at what age and what was the cause?

Mother _____ Father _____

How many brothers and sisters do/did your parents have, and where are they in birth order? Age at death if deceased?

Mother _____

Father _____

How was the childhood of your mother and father? Particular family or health issues?

Mother _____

Father _____

Is there a history of any addictive or compulsive behaviour, psychiatric treatment, or depression in your parents' family or with your parents?

Mother _____

Father _____

Name _____ p. 2

How was/is your parent's relationship with each other?

Are there divorces and remarriages with your parents?

How many children in your family. Please include yourself in table

Name	M/F	Age	Deceased year	Cause

How was your relationship with your family as you were growing up?

With mother

What was it like to be your mother's son/daughter?

With Father

What was it like to be your father's son/daughter?

Siblings

Grandparents or others

Name _____ p.3

Growing up:

Who would you go to for comfort?

To whom did you feel close?

How would you describe yourself as a child?

What was discipline like in your family?

How would you describe your family as you were growing up?

If you had to describe your “role” in the family, what would it be? For example, the peacemaker, the communicator, the parent, scapegoat.

Please describe your education

What was school like for you and what kind of student were you?

What were you like socially growing up?

Name _____ p.4

Marital/ Relationship

Spouse/ Partner Long Term Relationships	Time Known	Time Dating	Time Living together/ married

How is your relationship with your partner?

Children

Name	Age	M/F	Step?	Concerns

Comments:

Work History

Current Position	Since When	Satisfaction? Hi / M/ Lo	Work stress?

Comments

Name _____ p. 5

Please describe your current social life and network? Do you have close friends and activities or hobbies?

Have you ever suffered any emotional, psychological, or physical illnesses or trauma about which you can tell me? How was it treated? (e.g. counselling, medication, surgery, etc.)

Concern	Date	Treatment Received	Resolved/ Outcome

Do you have any history or current concerns about compulsive behaviour? (Please circle)

Alcohol Drugs Sex Internet Gaming Gambling Shopping Spending Anger

Have you had or do you wish help with any of the above?

What are your strengths and things in your life that are positive and supportive for you?

How would you describe your way of coping (e.g. avoiding, temper, meditation, eating) with

Stress?

Anxiety?

Anger?

Conflict?

Name _____ p. 6

Are there currently any other concerns causing you stress, e.g. work, finances, etc.

Are there some techniques or orientations of therapy which you would like to use in our work together, or about which you have heard and would like to try?

Is there anything else about which you think it would be helpful for me to know?