

# There's Hope! Counseling Services

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## ADULT HISTORY AND GOALS QUESTIONNAIRE

Please complete this questionnaire and give to your therapist at your initial appointment. This information will help your clinician gain an understanding of the problems for which you are seeking help and other important events in your life.

YOUR NAME IN FULL	DATE OF BIRTH	AGE
SPOUSE'S NAME IN FULL	DATE OF BIRTH	AGE
WHO REFERRED YOU TO US?	TODAY'S DATE	

WHAT EMOTIONAL, BEHAVIORAL, OR INTERPERSONAL PROBLEMS ARE YOU EXPERIENCING THAT ARE CAUSING YOU TO SEEK THERAPY AT THIS TIME?

.....  
.....

IF APPLICABLE, DESCRIBE HOW THE PROBLEMS ARE INTERFERING WITH WORK OR SCHOOL PERFORMANCE, FAMILY LIFE, SOCIAL LIFE, AND RELATIONSHIPS	HOW LONG HAVE THESE PROBLEMS BEEN AFFECTING YOUR LIFE?
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DESCRIBE ANY STRESSFUL CIRCUMSTANCES THAT MAY BE CONTRIBUTING TO THESE PROBLEMS

WHAT HAVE YOU DONE TO SOLVE THE PROBLEM?

.....

HAVE ANY OF THESE SOLUTIONS BEEN HELPFUL?
<input type="checkbox"/> YES <input type="checkbox"/> NO

### PREVIOUS TREATMENT

HAVE YOU RECEIVED PREVIOUS TREATMENT FOR THESE PROBLEMS?  YES  NO (describe below)

DATE	NAME OF FACILITY OR PROFESSIONAL WHO PROVIDED TREATMENT	TYPES OF TREATMENT	RESPONSE

WHAT DID YOU FIND MOST HELPFUL ABOUT YOUR PREVIOUS TREATMENT?

WHAT WAS LEAST HELPFUL ABOUT YOUR PREVIOUS TREATMENT?

.....

## EDUCATION AND EMPLOYMENT

LIST ANY RECENT CHANGES

DESCRIBE PLANS YOU HAVE TO MAKE CHANGES

EDUCATION:

DID NOT COMPLETE HIGH SCHOOL    
  COMPLETED HIGH SCHOOL    
  COMPLETED BUSINESS / TECHNICAL TRAINING    
  COMPLETED COLLEGE    
  COMPLETED GRADUATE SCHOOL

OCCUPATION

HOMEMAKER    
  TECHNICAL / TRADE    
  SALES    
  CLERICAL    
  OTHER  
 PROFESSIONAL    
 UNEMPLOYED    
 YEARLY INCOME \$ \_\_\_\_\_

MILITARY SERVICE:

YES    
 NO    
 IF YES, WHAT BRANCH?    
 HIGHEST RANK    
 TYPE OF DISCHARGE

## MEANING AND SPIRITUALITY

WHAT GIVES YOUR LIFE MEANING?

IS SPIRITUALITY OR RELIGION A SIGNIFICANT PART OF YOUR LIFE?

YES      NO

DO YOU PARTICIPATE IN A SPIRITUAL COMMUNITY?

YES      NO

WHAT RELIGION OR DENOMINATION DO YOU IDENTIFY WITH?

HOW ACTIVE ARE YOU THIS COMMUNITY?

HOW CAN YOUR BELIEFS, VALUES, OR PRACTICES HELP YOU OVERCOME THE PROBLEMS THAT BRING YOU INTO TREATMENT?

## OTHER IMPORTANT INFORMATION

IF APPLICABLE, DESCRIBE ANY FINANCIAL DIFFICULTIES YOU ARE HAVING

IF APPLICABLE, DESCRIBE ANY PAST OR CURRENT LEGAL PROBLEMS

LIST WHAT YOU DO FOR FUN OR RECREATION

HOW MANY CLOSE FRIENDS DO YOU HAVE?

ARE YOU SATISFIED WITH THIS NUMBER?

YES      NO

IS THERE ANY ADDITIONAL INFORMATION YOU WOULD LIKE ME TO KNOW REGARDING YOUR REASON FOR CHOOSING TO COME INTO THERAPY?