LightSource Counseling, Inc.

Lisa Ferguson

LCAC CSAT CADAC II CCPS, EMDR (EMDRIA) Certified Therapist

Licensed Clinical Additions Counselor
Certified Sex Addiction Therapist
Certified Clinical Partner Specialist
8000 West River Road
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BIO-PSYCHO-SOCIAL

Identifying Information

CLIENT: _____

DATE _____

AGE_____ D.O.B_____ GENDER_____ MARITAL STATUS_____

NUMBER OF CHILDREN_____

EMPLOYER_____

ATTORNEY_____

REFERRAL SOURCE_____

PHYSICIAN/PSYCHIATRIST_____

Current Living Situation

*What is your living arrangement? _____
(i.e. independent/family setting, etc.)

*With whom do you live? _____

*How long in your current living situation? _____

*Is this the person(s) you are closest to? _____

If not, who are you closest to? _____

*Does this person abuse drugs and/or alcohol? _____

Has this person expressed concern about your current state? _____

Would you want them to be involved in your treatment? _____

If so, would they be willing to be involved in your treatment? _____

Have you been abused in your current living situation? _____

If yes, what form (emotional/verbal/physical/sexual)? _____

Have you abused others in your living situation? _____

Comment on any concerns you may have about your current living situation: _____
_____
_____
_____

Have you/family members been involved in support groups such as AA, NA, OA, Al-Anon, ACA?
_____

ALCOHOL/DRUG/PORNOGRAPHY SCREENING *(CLIENTS ARE REQUIRED TO FILL OUT THIS SECTION, EVEN IF NONE OF THESE ITEMS PERTAIN TO THEIR CASE):*

NOTE FOR CLIENTS SEEKING ONLY EMDR TREATMENT: ***In order to adequately treat anxiety or trauma, information about your past and/or current relationship with the items listed below is very important for the therapist to have. This enables greater accuracy in diagnosis and saves time for both client and therapist. Please read carefully and reflect, and fill out any that pertain, even if these have not been problematic in your history.***

Key: *=age of first use **highest amount or in the case of pornography, longest amount of time in one sitting ***per day, per week, per month ****most recent use

	*First Use	**Highest Amount	***Frequency	****Last Use
Alcohol				
Cocaine				
Marijuana/Hashish				
Amphetamines				
Hallucinogens				
Opiates/Narcotics				
Sedatives/Prescriptions				
Inhalants				
Pornography				

Longest period of total abstinence _____

Any use of the self-help networks? (AA, NA, Sponsor, etc.) _____

Diagnostic History ***(individual reports/observations…)***

History of the following ***in family of origin and/or current support family/support system*** *(Circle Applicable):*

Chemical Dependency Depression Eating Disorder

Sex addiction or sexual compulsivity Suicidality/Homicidality PTSD

Abuse (sexual-physical-emotional) Other addictive/psychiatric issues

PLEASE EXPLAIN ANY OF THE ABOVE THAT YOU HAVE CIRCLED:

***Are you experiencing the following feelings throughout the day (please circle)**:*

Loneliness Confusion Hopelessness Worthlessness Sadness Anger

Numbness Guilt Shame Fear/Terror/Anxiety PTSD symptoms

***Are you experiencing any of the following somatic responses to stress, anxiety, etc. (please circle)**.:*

Frequent body aches/pains Trembling/shaking Feeling faint or dizzy

Difficulty breathing Frequent headaches Crying spells

Chronic fatigue

Have you been *experiencing any of the following for at least the last 6 months:*

Memory loss Poor concentration Inability to make decisions

Isolation/Withdrawal Increased anger/irritability Loss of friends/relationships

Decreased pleasure/interest Expressed concern by family/friends

***Have you been experiencing the following employment/educational issues**:*

Decline in performance Decline in attitude Reprimands/Termination

Increase in errors Absenteeism/tardiness Inappropriate behaviors

Personal History (Please explain briefly):

*******Have you been a victim of physical/mental/emotional/sexual abuse? _____

_____

_____

Any history of sexual compulsivity (masturbation, other compulsive behaviors)?

_____

_____

*****Any history of suicidal thoughts, suicide attempts, mental illness, or gambling?**

_____

_____
_____

Any history of sexual deviations/criminal behaviors? _____
_____
_____

Do you view your childhood as happy/average/unhappy? _____
_____
_____

Are there things about your childhood/the way you grew up that bother you? _____
_____
_____
_____

Educational History

How far did you go in school? _____

High school diploma? _____ College Degree(s): _____

Have you have any vocational training? _____

Did/do you have any learning disabilities? _____

Describe any problems you have in school (truancy/suspensions/peers/etc.): _____
_____
_____

Military Service:

Have you ever served in the Armed Forces/National Guard? _____

What Branch _____

Years of Service _____ Type of Discharge _____

Are you still bothered by anything from your years of service?

_____

Employment/Occupational History

Current employment status: _____

Disability: _____

What hours/shifts do you work: _____

List your last three places of employment:

Employer:	Position:	Dates:	Reason for Leaving:
1.			
2.			
3.			

What are your strengths and good qualities (list 3-5): _____
_____
_____
_____

What are your weaknesses/limitations (list 3-5): _____
_____
_____
_____

Is there anything about yourself that you would like to change and/or improve upon? _____
_____
_____
_____
_____

Brief Sexual History

What is your sexual orientation (Hetero/Bi/Gay/Lesbian):

***Have you had any sexual experiences that still bother you? _____
_____

***At what age did you become sexually active:
_____

Are you currently in a monogamous relationship? _____

Have you participated in unsafe sexual practices?

Have alcohol/drugs/pornography ever caused sexual problems in your life? Y N

If yes, please explain:

Spiritual History

Do you believe in God/Higher Power/Satan/Witchcraft/No belief/ Other? _____
_____
_____

Is this belief important to you? _____
_____

Have you ever been actively involved in any church, organized religious and/or spiritual movements? _____
_____
_____
_____

Are you currently active? _____

Legal History

Have you ever been arrested? _____

Current legal status (Not applicable, Charges pending, Probation, Parole, etc.):

_____

_____