

Counseling and Coping Strategies

COUNSELING AND COPING STRATEGIES, LLC

CURRENT MEDICAL CONDITIONS: _____

CURRENT MEDICATIONS AND DOSES: _____

RECENT HOSPITALIZATIONS (INCLUDING MENTAL HEALTH HOSPITALIZATIONS)

DEPRESSION: _____ ANXIETY: _____ FAMILY
CONCERNS: _____

GRIEF RELATED TO: _____

TRAUMA : _____ NATURE OF TRAUMA: _____

OTHER CONCERNS:: _____

RECREATIONAL DRUG OR ALCOHOL
USE: _____

FAMILY MEMBERS AND SIGNIFICANT
RELATIONSHIPS: _____

Counseling and Coping Strategies

SOCIAL
HISTORY: _____

LEGAL HISTORY IF
APPLICABLE: _____

OCCUPATION OR PREVIOUS
OCCUPATION: _____

EDUCATION: _____

HOBBIES/ VOLUNTEERING/ OTHER
INTERESTS: _____

RELIGIOUS/ SPIRITUAL
AFFILIATIONS: _____

MY STRENGTHS: _____

THINGS I WANT TO WORK
ON: _____

Counseling and Coping Strategies
