Pearland Place
A place to be heard

Personal Profile

Client Name _____

Date _____

What prompted you to seek counseling?

_____

_____

_____

How ling has this been significant concern for you? Please be specific (i.e. “Not all my life”)?

_____

_____

_____

Estimate the severity of the issue at this time. (Place an “X” on the line below).

_____

Mild Moderate Serious Severe

If applicable, please describe any incidents or problems that may have contributed to the issue (i.e. problem with education, relationship ending, past trauma, etc):

_____

_____

_____

Bob Paluszak, LPC * 2006 East Broadway Street 102A * Pearland, TX 77581
(281) 222-4326 * wwww.pearlandplace@yahoo.com

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What symptoms to this issue? Please **check** all that apply for you now.

____ overeating
____ recent weight loss
____ recent weight gain
____ recent appetite changes
____ restlessness
____ rapid hear rate
____ anxiety
____ fears/phobia
____ muscle tension
____ compulsive behaviors
____ obsessions
____ taking drugs
____ drinking alcohol
____ shortness of breath
____ sweating
____ vomiting
____ stomach problems
____ chest pains
____ pain
____ dizzy or lightheaded
____ odd behavaior/thoughts
____ trembling or shaking
____ difficulty concentrating

____ distrust
____ aggressive behavior
____ outbursts of temper
____ low motivation
____ social withdrawal
____ feeling of worthlessness
____ depressed mood
____ thoughts of hurting self or others
____ crying
____ easily distracted
____fatique/loss of energy
____ nightmares
____ sleeping to much
____ decreased need for sleep
____ difficulty falling asleep
____ difficulty staying asleep
____ family emotional problems
____ relationships problems
____ housing problems
____ financial problems
____ problems with school
____ experienced a traumatic event
___ other

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In the past, what has been helpful to you in dealing with this issue?

_____

_____

_____

Have you ever had treatment by, or are currently seeing, a psychiatrist, psychologist, therapist, or counselor? Yes _____ No _____

Problem Date(s) Therapist

_____

_____

_____

What hobbies do you enjoy? _____

_____

What type of faith (if any) do you follow? _____

_____

Who can you count on for support? _____

_____

Please list at least one goal you would like to reach in the course of our work together:

_____

_____

What specific questions do have about today's visit? _____

_____

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