

GENOGRAM

PRESENTING PROBLEM OR CONCERN

CURRENT EMPLOYMENT

Where: _____
Position: _____ Annual Gross Salary: _____
If unemployed, why? _____

CURRENTLY ON PROBATION/PAROLE

___ YES, Officer's Name: _____
Charged with: _____

COUNSELING HISTORY/FAMILY HISTORY OF COUNSELING

Previous history of mental health/pastoral counseling? Yes No

If yes, details: When ____/____/____

Counselor: _____

Treated for: _____

Family History of Counseling? Yes No

If yes, details: When ____/____/____

Counselor: _____

Treated for: _____

PENDING COURT CASE

Yes No

If yes, details: _____

SUBSTANCE ABUSE

Recovering Alcoholic? Yes No

Family History? Yes No

Recovering Drug Addict? Yes No

Family History? Yes No

Caffeine? Yes No Frequency: _____

Tobacco? Yes No Frequency: _____

Alcohol? Yes No Frequency: _____

Drugs? Yes No Frequency: _____

Other details: _____

Previous treatment for drug/alcohol abuse? Yes No

If yes, details: When ____/____/____

Treatment facility: _____

Other information: _____

Needle use? Yes No

HIV test? Yes No Date: ____/____/____ Results: _____

Hepatitis test? Yes No Date: ____/____/____ Results: _____

MEDICAL HISTORY

Current medical treatment? Yes No

If yes, details: _____

Physical conditions/diagnoses: _____

Doctor's Name and Address: _____

Phone: (____) _____ - _____

Current Medications and Dosages: _____

Past Medications for Mental Disorders: _____

Childhood Illnesses and/or Injuries: _____

Head Injuries: _____

Hospitalizations: _____

ABUSIVE EXPERIENCES

Client reported being sexually abused as a child. Yes No

Client's parents were abusive to each other. Yes No

Client's parents were abusive to their children. Yes No

Client's siblings were abusive to each other. Yes No

Client's siblings were abusive to their parents. Yes No

Client reports currently being abusive. Yes No

Client reports currently being abused. Yes No

Comments: _____

SEXUAL HISTORY/CURRENT ABUSE

Most recent incident: _____

Worst incident: _____

First Incident: _____

SUICIDAL AND/OR HOMICIDAL IDEATION

Current suicidal thoughts/attempts: ___ Yes ___ No

Past suicidal thoughts/attempts: ___ Yes ___ No

Details: _____

Current homicidal thoughts/attempts: ___ Yes ___ No

Past homicidal thoughts/attempts: ___ Yes ___ No

Details: _____

GOALS

Blank area for writing goals.

CLINICAL IMPRESSIONS/OBSERVATIONS

Blank area for writing clinical impressions and observations.

MISC. NOTES

Preferred Appointment Time: _____

Client given a copy of Disclosure Statement. ___ Yes ___ No

Language Needs. ___ Yes ___ No

Religious Preferences: _____

Denomination/Faith: _____ Local Church: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Physician: _____ Address: _____ Phone: _____

Who referred you to HTPCG? _____ Relationship: _____

Client deemed inappropriate for this facility/agency. ___ Yes ___ No

Counselor Notes: _____

Counselor Signature: _____

Date: ___/___/___

