

AGAPE Client History

Please complete the following regarding the *individual who will be receiving counseling*. Use the back of the form if more space is needed. PLEASE USE BLACK INK ONLY.

Name of **counselee**: \_\_\_\_\_ Today's date: \_\_\_\_\_

Medical history (list major illnesses, hospitalizations, surgeries, etc.; include dates)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

History of counseling or psychiatric care:

|    | <u>Provider (counselor or facility)</u> | <u>Approx. Dates</u> | <u>Nature of problem</u> |
|----|---|----------------------|--------------------------|
| 1. | _____                                   | _____                | _____                    |
| 2. | _____                                   | _____                | _____                    |
| 3. | _____                                   | _____                | _____                    |

Family history of emotional, behavioral, psychological, or alcohol/drug problems:

|    | <u>Family member<br/>(relationship to person seeking services at AGAPE)</u> | <u>Nature of problem</u> |
|----|---|--------------------------|
| 1. | _____   | _____                    |
| 2. | _____   | _____                    |
| 3. | _____   | _____                    |

Employment history (list major jobs beginning with most recent; include approximate dates)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
**Counselor's Notes:**