



Client Assessment

Client Code:

Date:

Home Situation (living arrangements, with whom, wider family, worries about home situation, complexities.)

Health (physical, emotional, current/past illnesses, medication)

Diet/sleep (eating concerns, body image, sleep patterns, use of alcohol/substances): Please be as open as possible, this is not to judge but to understand your situation. We won't discuss these issues, if there are any, until you are ready to do so, if at all.

Status (current education, work or training, future progress and plans):

Social (friendships and interests), personal strengths (activities you enjoy):

Presenting issues - why has counselling been requested? (What do you want to get out of counselling, what worries do you have, have you attended counselling before?):

Any other comments or information you think I should know before we start: