

Wellspring Counseling Ministries

Bringing Healing Relationships to Those Who Hurt

Wellspring Counseling Center BIOPSYCHOSOCIAL SURVEY Medical and Mental Health History

Do you suffer from any chronic disorders or are you currently under a medical doctor's care?

Yes No If yes, please describe: _____

List any surgeries (date & reason): _____

Have you ever had severe injury from an accident? _____ Please describe: _____

Are there any challenges you are currently facing or dealing with? Please check all that apply:

Sleep Problems Frequent feelings of sadness or depression
 Appetite loss Fatigue or loss of energy
 Thoughts of suicide Loss of pleasure in usual activities
 Depressed Mood (withdrawn, isolating, sad)

Anxiety/stress Anger Abuse (currently or previously)
 Domestic violence Conflict with others Family issues
 Eating disturbances Lack of coping skills
or disorders
 Parenting issues Gang related Lack of focus
 Low self-esteem Self-Harm Grief and Loss

Have you ever been diagnosed with clinical depression? Yes No
If yes, when and by whom? _____

Have you ever attempted suicide in the past? Yes No If yes, how many times: _____

Have other family members or friends ever attempted or committed suicide? Yes No
If yes, who? _____

"Above all else, guard your heart, for it is the wellspring of life." -- Proverbs 4:23

603 West F Street ♠ Oakdale, CA 95361

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Email: wellspringcounselingministries@gmail.com

Website: www.wellspringcounselingministries.org

Wellspring Counseling Ministries is a project of United Charitable, a registered 501(c)(3) public charity

Tax ID#20-4286082

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COUNSELING/PSYCHIATRIC HISTORY:

Have you received counseling before? _____ Please describe: _____

What was helpful or not helpful in that experience? _____

What are your expectations coming into counseling? _____

Have you ever or are you currently seeing a Psychiatrist? _____ Please describe: _____

Have you ever been hospitalized for psychiatric care? _____ Please describe: _____

Would you be willing for me to speak with your previous counselor or psychiatrist? Yes or No

TRAUMA:

Were you ever personally subjected to, or did you ever witness, any type of trauma (mental, emotional, physical, or sexual in nature or something else you might consider traumatic)? _____

If your answer was "Yes," are there details about this trauma that you would feel comfortable sharing at this time? If so, please describe: _____

How do you feel this experience continues to affect you? _____

RISK SCREENING:

Have you ever thought about or struggled with self-harm (i.e. cutting or other self-injurious behaviors)?

Have you ever tried to commit suicide? How? Where? When? _____

What stopped you? _____

Do you currently have a plan for harming yourself? _____ If so, what is your plan? _____

Do you feel safe in your current living situation? _____

Have you ever harmed or thought of harming another person? _____

Do you currently wish to harm someone? Who and how? _____

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DRUG AND/OR ALCOHOL USE HISTORY:

Are you currently taking any medication? Yes No If yes, please list the name and purpose for each:

Are you now, or have you ever used:

Drug Name:	Currently using	First use age	Last use age	Frequency	Amount
Caffeine					
Nicotine Cigarettes					
Prescription Medications					
Alcohol					
Meth/Amphetamines/Speed					
Barbiturates/Downers					
Cocaine/Crack Cocaine					
Hallucinogens (i.e. LSD)					
Inhalants (i.e. glue, gas)					
Marijuana, Hashish					
Opioids					
PCP					

Please describe any other drug use: _____

Modified CAGE (Cut Back; Annoyed by; Guilty; Eye Opener or Ease Into):

Yes ___ No ___ : Have you ever felt you should cut down on your drug/alcohol use?

Yes ___ No ___ : Have people annoyed you by criticizing your drug/alcohol use?

Yes ___ No ___ : Have you felt bad or guilty about your drug/alcohol use?

Yes ___ No ___ : Have you ever used drugs/alcohol in the morning to steady your nerves or get rid of a hangover?

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LEGAL INVOLVEMENT:

Are you currently in a custody dispute with the parent of your child/children? ____ Yes ____ No

*If yes, please provide a copy of the current child custody agreement.

Please describe any other previous or current legal involvement:

Circle all that apply:

Parole (State, Federal) Probation (State, Federal, County) Conservatorship Ward of the Court
Incarcerated Child Protective Services (CPS) Child Welfare Services (CWS) Adult Protective Services (APS)
Divorce Child Custody Court Mediation Court Pending Adoption Pending None

Releases? _____ Treatment Court Ordered? _____

Open Case Number(s): _____

SOCIAL:

Strengths

What do you see as your strengths/things you like about yourself? _____

How satisfied overall are you currently in your life?

Totally Dissatisfied Somewhat Dissatisfied Satisfied Quite Satisfied Very Satisfied
1 2 3 4 5

Cultural

How would you describe your cultural identity? _____

Please describe any cultural issues that contribute to your current reason for seeking treatment: _____

Spiritual

How would you describe your spirituality? _____

How do you picture God? _____

Do you current participate in any spiritual activities? _____ Please describe: _____

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Recreational/Self-Care

What do you do for fun (relaxation/hobbies/clubs)? _____

List your most common stress-reducer (eating, alcohol, exercise, etc.): _____

Family and Social Supports

Who are the most important people in your life? _____

Who do you go to when you are happy? _____

Who do you go to when you are stressed/sad/angry? _____

How satisfied are you with your support system?

Totally Dissatisfied	Somewhat Dissatisfied	Satisfied	Quite Satisfied	Very Satisfied
1	2	3	4	5

Employment

How satisfied are you in your current employment?

Totally Dissatisfied	Somewhat Dissatisfied	Satisfied	Quite Satisfied	Very Satisfied
1	2	3	4	5

Sexual Attitudes & Orientation

Please circle the words that best describe you, as a sexual person, and your attitudes about sex:

Enjoy sex Hate sex Promiscuous Heterosexual Homosexual Bisexual Other No Reply

Is there anything else that would be helpful to know about you? _____

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