

# Journey . . . . .*counseling and consultation*

## Initial Assessment

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete the following client information (a parent may complete this information for a minor child):**

**In your own words, describe the current circumstances that has prompted you to seek counseling services:**

**In your own words, what goals/outcomes do you hope to achieve through this counseling experience?**

**Initial Assessment**  
(continued)

What do you see as your strengths?

What do you see as your weaknesses?

Who/What is your primary support system?

Are there any issues related to race, ethnicity, sexual orientation, disability, religious affiliation, etc. that have relevance to your current situation?

What do you do for relaxation/leisure?

Have you been in counseling, treatment, or hospitalized for mental health reasons in the past? If so, please note dates, names of providers, and the general benefit derived: