**Initial Assessment Form**

*Private & Confidential*

# Therapist Information

|  |  |
| --- | --- |
| Initial Assessment carried out by: |  |
| Therapist ID | Tel: |
| Date of Assessment: | Location: |
| Previously seen in this service. Please give details. |  |

# Client Information

|  |  |
| --- | --- |
| Unique Client Code: | Client Name: |
| Address: | |
| Tel: | Email: |
| Preferred contact:   |  | | --- | |  |   Male Female 15-19 years 20-30 yrs. 31-40 years    41-50 years 51-60 yrs. 61-70 years    70+ yrs. | |
| Is the client currently on any prescribed medications to help with their problems? If so, give details. | |

# Employment

|  |
| --- |
| Unemployed Part-time employed Full-time employed    Voluntary work Self-employed Carer/Parent |

**Relationships/Support** *Please tick as many boxes as appropriate.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Living alone (not including dependents)  Living with partner  Caring for children under 5 years  Caring for children over 5 years  Living with parents/guardian  Living with other relatives/friends  Full time career (of disabled/elderly etc) |  | Living in shared accommodation (e.g., lodgings)  Living in temporary accommodation (e.g., hostel)  Living in institution/hospital  Other |  |  |
|  |  |

# Current/previous use of services for psychological problems

What other services has the client used to help with their problems, e.g., psychiatry/psychology, complementary therapies, medication, other counselling services etc.

# Brief description of presenting problem(s)

|  |
| --- |
|  |

# Coping

|  |  |
| --- | --- |
| What has the client done to cope with their problems? | |
| Negative actions: | Positive actions: |

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# Risk

|  |
| --- |
| Suicide Self-harm    Harm to others Forensic/Legal |

# Assessment Outcome

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Accepted for therapy. |  | | *If yes, give number of sessions* | | | |
|  | |
| Not accepted for therapy | |  | | | *Outline reason here* | |
|  | | |
| Referred on to other service. | | | |  | | *Give details here* |
|  | |

# Important Notes

* This form is private and confidential and should be kept by the counsellor with other client records. At no time will ALPS ask to see this form.

* This form is not mandatory but is only meant to assist you in assessing the client.

* If you feel you are a good match for the client, and you have assessed the client as suitable for ALPS Counselling Service, you should notify Ronan at ALPS that you will continue to see this client.

* If, after assessing the client, you believe the client would be a better fit with another member of ALPS Counselling Panel, you should notify Ronan at ALPS, so we can find another psychotherapist for this client.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counsellor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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