Therapy With Lynn
Welcome to Healing

Lynn Heselton, MSN, APRN, PMHCNS-BC
5017 Heritage Ave., Colleyville, TX 76034
(817) 739-1950

Counseling Evaluation Form

Print Name: _____ Month/Day/Year: _____

Referred by: _____ Birth Date: _____ Age: ____ Ethnicity: _____

Education (highest level/degrees earned): _____

Occupation: _____ Marital/Relationship Status: _____

Describe Relationship History: _____

Children (Biological/Step/Adopted) Ages: _____

Suicide Attempts: ◯ Yes ◯ No Self Harm: ◯ Yes ◯ No

Inpatient Psychiatric Hospitalization (Name of Facility and Date):

Partial Hospitalization / Intensive Outpatient Program (Name of Facility and Date):

Alcohol/Drug Rehab (Name of Facility and Date):

Medical/Surgical Problems, Medical Medications and Medical Doctor/Other Prescriber

Outpatient Counseling (Name of Counselors and Dates)

Psychiatric Diagnoses, Psychiatric Medications and Psychiatrist/Other Prescriber

Family History

Psychological Problems/ Alcohol/Drug use of my relatives:

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Client Name: _____ **Month/Day/Year:** _____

STRESS

Work Describe _____
School Describe _____
Family Describe _____
Relationship Describe _____
Health Describe _____
Other Describe _____

SYMPTOMS (In past 2 weeks)

Changes in appetite ◯ Yes ◯ No
Changes in motivation ◯ Yes ◯ No
Difficulty falling asleep ◯ Yes ◯ No
Nightmares/Bad Dreams ◯ Yes ◯ No
Repeated, intrusive thoughts ◯ Yes ◯ No
Non-prescribed drug use ◯ Yes ◯ No Describe _____
Alcohol consumption ◯ Yes ◯ No Describe _____
Auditory hallucinations (sounds/voices) ◯ Yes ◯ No

Changes in weight ◯ Yes ◯ No
Changes in concentration ◯ Yes ◯ No
Difficulty staying asleep/early waking ◯ Yes ◯ No

Episodes of fast heart rate, difficulty breathing along with intense anxiety? ◯ Yes ◯ No
Visual images /sensory perceptions that upset you? ◯ Yes ◯ No

TRAUMA HISTORY

Childhood Trauma (neglect, mental, emotional, physical, sexual abuse, other):

Adult Trauma (assault, rape, car accident, domestic violence, illness, crime, other):

GRIEF HISTORY (Loss/Separation/Death):

Goals I would like to work on in Counseling: