

# Jetson Counseling

636 St. Anne St.  
Rapid City, SD 57701  
(605) 718-5500

## JETSON COUNSELING CLIENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ e-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Employer: \_\_\_\_\_

What goals and hopes do hope to gain from this workshop:

**PRESENTING PROBLEM:** Please state what losses in relationships, opportunities and dreams you have. How long have you experienced each one?

Explain patterns that have been developed to cope with the losses in your life:

1) Have you been treated medically for any condition in the past two years? \_\_\_\_\_

If so, for what and with whom? \_\_\_\_\_

Did this require hospitalization? \_\_\_\_\_

2) Are you currently under the care of the psychiatrist or another therapist? \_\_\_\_\_

If yes, who? \_\_\_\_\_ How long? \_\_\_\_\_

**Relationships:**

Current Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Committed \_\_\_\_\_

Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Length of current relationship \_\_\_\_\_

Previous Coupleships: First \_\_\_\_\_ Date started \_\_\_\_\_ Date Ended \_\_\_\_\_

Second \_\_\_\_\_ Date started \_\_\_\_\_ Date Ended \_\_\_\_\_

Third \_\_\_\_\_ Date started \_\_\_\_\_ Date Ended \_\_\_\_\_

Reasons for past Coupleship(s)/Committed Relationships ending?

First \_\_\_\_\_

Second \_\_\_\_\_

Third \_\_\_\_\_

Describe any sexual abuse, harassment, disrespect, trauma, rape etc. experiences you have had and the age they occurred. (write on an additional page if necessary)

Describe what a healthy relationship is to you and which relationships in your life fit this healthy relationship criteria:

## **ANGER HISTORY:**

**I express my anger by:** Yelling \_\_\_\_\_ Screaming \_\_\_\_\_ Pushing \_\_\_\_\_  
Hitting \_\_\_\_\_ Punching \_\_\_\_\_ Eating \_\_\_\_\_ Sideways \_\_\_\_\_  
Stuffing it Inside \_\_\_\_\_ Destruction of Property \_\_\_\_\_ Sexually \_\_\_\_\_  
Verbally Tearing Others Down \_\_\_\_\_ Aggressive Driving \_\_\_\_\_ Drinking \_\_\_\_\_  
Self Mutilation \_\_\_\_\_ Explosive Outbursts \_\_\_\_\_ Using Drugs \_\_\_\_\_  
Receiving Physical symptoms in the Body (headaches, high blood pressure, poor sleep patterns, loss of energy, etc.) \_\_\_\_\_  
Other: (please explain) \_\_\_\_\_

**Growing up it was ok to express:** Anger \_\_\_\_\_ Sadness \_\_\_\_\_ Frustration \_\_\_\_\_  
Loneliness \_\_\_\_\_ Fear \_\_\_\_\_ Rejection \_\_\_\_\_ Guilt \_\_\_\_\_ Shame \_\_\_\_\_  
Helplessness \_\_\_\_\_ Confidence \_\_\_\_\_ Unhappiness \_\_\_\_\_ Nervousness \_\_\_\_\_ Compassion \_\_\_\_\_

**Explain how others have placed their anger on you:** \_\_\_\_\_

**History:** Are you currently enrolled in school? Yes \_\_\_\_\_ No \_\_\_\_\_

High School \_\_\_\_\_ Vocational School \_\_\_\_\_ College \_\_\_\_\_ Graduate School \_\_\_\_\_

How many years of school have you completed? \_\_\_\_\_

**Work history:** Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Where? \_\_\_\_\_

Current position: \_\_\_\_\_

How long have you been employed at the present job? \_\_\_\_\_

Has your income: Increased \_\_\_\_\_ Decreased \_\_\_\_\_ Remained the Same \_\_\_\_\_ during the past two years?

## **Spiritual History:**

What religion or form of spirituality do you practice? \_\_\_\_\_

How active are you in that religion or spirituality? \_\_\_\_\_

Describe what spirituality means to you? \_\_\_\_\_

What part does spirituality play in your life today? \_\_\_\_\_

How does spirituality impact your relationships? \_\_\_\_\_

Do you believe in God or a higher power? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how would you describe your relationship? Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Nonexistent \_\_\_\_\_

What are your present spiritual problems if any? \_\_\_\_\_

What changes would you like to make on your spiritual journey? \_\_\_\_\_

**Military History:**

Do you, or have you served in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

Length of service \_\_\_\_\_ years Branch \_\_\_\_\_ Rank \_\_\_\_\_

**Physical History:**

Are you currently taking medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is/are the medication(s)? \_\_\_\_\_

Are there any medical conditions that have contributed to you being admitted into a hospital in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the medical condition? \_\_\_\_\_

If there is a medical condition, how does it impact your relationships?

**Legal History:**

Have you had any legal problems in the following areas? Check the ones that apply.

Driving \_\_\_\_\_ Family \_\_\_\_\_ Fights \_\_\_\_\_ Drug/Alcohol \_\_\_\_\_ Domestic Violence \_\_\_\_\_

Business \_\_\_\_\_ Assaults \_\_\_\_\_ Domestic abuse \_\_\_\_\_ Other \_\_\_\_\_

Had you been arrested for any offense? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain \_\_\_\_\_

Are you currently on probation/parole? Yes \_\_\_\_\_ No \_\_\_\_\_

If there is a legal problem, how does it impact your life today?

## **Childhood & Adolescence:**

Where were you born? \_\_\_\_\_ Raised? \_\_\_\_\_

Does anyone in the family have emotional or physical problems? If so, whom and for how long? \_\_\_\_\_

Describe your childhood from ages one to 13: Happy \_\_\_\_ Unhappy \_\_\_\_ Other \_\_\_\_  
Explain \_\_\_\_\_

How were you disciplined? \_\_\_\_\_

Would you consider the discipline excessive? Yes \_\_\_\_ No \_\_\_\_

How did you know you were loved? \_\_\_\_\_

Describe your adolescents from 13 to 18: Happy \_\_\_\_ Unhappy \_\_\_\_ Other \_\_\_\_

Explain \_\_\_\_\_

Explain how your free time was usually spent? \_\_\_\_\_

Describe a particular event or person who had an impact on your life: (ex. teacher, grandparent, on, Uncle, etc.) \_\_\_\_\_

Are there any periods of time where you have no memory? Yes \_\_\_\_ No \_\_\_\_

If yes, when were they? \_\_\_\_\_

How do you know you are loved today?

## **Parental Role Models and Family of Origin:**

Describe your father \_\_\_\_\_

Current age \_\_\_\_ or age at death \_\_\_\_ Cause of death \_\_\_\_\_

Occupation \_\_\_\_\_ Describe your relationship \_\_\_\_\_

Describe your mother \_\_\_\_\_

Current age \_\_\_\_ or age at death \_\_\_\_ Cause of death \_\_\_\_\_

Occupation \_\_\_\_\_ Describe your relationship \_\_\_\_\_

**If there is a stepparent, please answer the following:**

Describe your step father \_\_\_\_\_

Current age \_\_\_ or age at death \_\_\_ Cause of death \_\_\_\_\_

Occupation \_\_\_\_\_ Describe your relationship \_\_\_\_\_

Describe your step mother \_\_\_\_\_

Current age \_\_\_ or age at death \_\_\_ Cause of death \_\_\_\_\_

Occupation \_\_\_\_\_ Describe your relationship \_\_\_\_\_

Are your parents separated or divorced? Yes \_\_\_ No \_\_\_

What were the most important family values? \_\_\_\_\_

Was the family "motto" if any? \_\_\_\_\_

Describe how your parents/stepparents and in-laws impact your relationship today:

**Siblings:** Names and ages of each sibling (include yourself in the descending order).

Sibling 1 Name: \_\_\_\_\_ Age \_\_\_\_\_

Sibling 2 Name: \_\_\_\_\_ Age \_\_\_\_\_

Sibling 3 Name: \_\_\_\_\_ Age \_\_\_\_\_

Sibling 4 Name: \_\_\_\_\_ Age \_\_\_\_\_

Sibling 5 Name: \_\_\_\_\_ Age \_\_\_\_\_

Sibling 6 Name: \_\_\_\_\_ Age \_\_\_\_\_

Sibling 7 Name: \_\_\_\_\_ Age \_\_\_\_\_

Sibling 8 Name: \_\_\_\_\_ Age \_\_\_\_\_

Who do you feel the closest you? \_\_\_\_\_

Who do you feel the greatest distance from? \_\_\_\_\_

Is there information that you feel is important to share about your siblings?

## **Trauma / Abuse:**

Has anyone ever physically hit, spanked, slapped or punched you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain:

Has anyone ever touched you inappropriately without your permission, made sexually suggestive unsolicited comments, made unwanted sexual advances, stared inappropriately to the point that you felt undressed, were incest, sexually attacked or raped etc.?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain:

Has anyone ever yelled at you, called you names, cut you down or intimidated with words, made fun or ridiculed or swore at you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain:

Have you ever been or felt abandoned in any relationship? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain:

Has anyone ever attempted to brain wash or abuse you in some fashion in the name of some form of religion or cult? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain:

Have you ever been forced to do rituals as part of a family or relationship function that was abusive and disrespectful to yourself? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain:

Have you ever felt disrespected, put down, ridiculed, manipulated, abused or ignored because of a disability or limitation that you present? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain:

## **Alcohol History:**

Age at First Drink \_\_\_\_\_ Age at First Intoxication \_\_\_\_\_ Last Drink \_\_\_\_\_

Number of years drinking \_\_\_\_\_ What do you prefer to drink? \_\_\_\_\_

Pattern of drinking: Daily \_\_\_\_\_ Weekend \_\_\_\_\_ Binge \_\_\_\_\_ Days per Week \_\_\_\_\_

Time of day: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

Amount consumed in a 24 hour period: \_\_\_\_\_

What is the greatest length of time you have gone without a drink of alcohol? \_\_\_\_\_

Have you ever experienced: Blackouts \_\_\_\_\_ Convulsions \_\_\_\_\_ Seizures \_\_\_\_\_

Hallucinations \_\_\_\_\_ Delusions \_\_\_\_\_

I see my drinking is having a negative effect on my: Family \_\_\_\_\_ Social Life \_\_\_\_\_ Job \_\_\_\_\_

Physical Condition \_\_\_\_\_ Emotional Condition \_\_\_\_\_ Finances \_\_\_\_\_ Reputation \_\_\_\_\_

I feel I am an alcoholic: Yes \_\_\_\_\_ No \_\_\_\_\_

### **Smoking History:**

Do you smoke at this time: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how much per day? \_\_\_\_\_

Do you chew? Yes \_\_\_\_\_ No \_\_\_\_\_ how much? \_\_\_\_\_ How often? \_\_\_\_\_

How many years have you smoked or chewed? \_\_\_\_\_

Have ever tried to quit? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

How does smoking impact your relationship with others?

### **Drug Use History:**

Have you ever used any drug not prescribed by a doctor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate any illicit drugs that you have used even once: Marijuana \_\_\_\_\_

Cocaine \_\_\_\_\_ Antihistamine \_\_\_\_\_ Laxatives \_\_\_\_\_ Sleeping Pills \_\_\_\_\_ Valium \_\_\_\_\_

Diet Pills \_\_\_\_\_ Librium \_\_\_\_\_ Psychedelic Drugs \_\_\_\_\_ Speed \_\_\_\_\_ Heroin \_\_\_\_\_

Methamphetamine \_\_\_\_\_ PCP \_\_\_\_\_ Spray Paint \_\_\_\_\_ Inhalants \_\_\_\_\_ Steroids \_\_\_\_\_

Opiates \_\_\_\_\_ Amphetamines \_\_\_\_\_ Other \_\_\_\_\_

How old were you when you first started using drugs? \_\_\_\_\_

What was/is your drug of choice? \_\_\_\_\_

What is the longest period of time you've gone without using drugs? \_\_\_\_\_

How does drug use impact your relationship with others?

**Dating and Sexual History:**

At what age did you begin to date? \_\_\_\_\_ Become sexually active? \_\_\_\_\_

Please check any of the following that you may have experienced and the age, when applicable.

	Yes	No	Age
Abortion	_____	_____	_____
Miscarried	_____	_____	_____
Unfaithful to partner	_____	_____	_____
Partner became aware	_____	_____	_____
Celibacy (no sex)	_____	_____	_____
Homosexuality	_____	_____	_____
Bisexuality	_____	_____	_____
Heterosexuality	_____	_____	_____
Fetishism (gratification with objects)	_____	_____	_____
Prostitution	_____	_____	_____
Masturbation	_____	_____	_____
Sexual Repression	_____	_____	_____
Impotence	_____	_____	_____
Group Sex	_____	_____	_____
Premature ejaculation	_____	_____	_____
Unable to reach climax (non-orgasmic)	_____	_____	_____

Have you ever been the victim of sexual abuse, molestation or rape? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

If yes, also explain how that abuse impacts your relationships:

Have you ever been a sexual offender? Yes \_\_\_\_\_ No \_\_\_\_\_

**Behavioral Dependencies:**

Please mark in the following behaviors you are/have been concerned about:

- Overeating \_\_\_\_\_ Sexual Behavior \_\_\_\_\_ Anorexia \_\_\_\_\_ Bulimia \_\_\_\_\_ Isolating \_\_\_\_\_  
 Work-alcoholism \_\_\_\_\_ Relationship Dependency \_\_\_\_\_ TV Watching \_\_\_\_\_ Telephone \_\_\_\_\_  
 Exercising \_\_\_\_\_ Gambling \_\_\_\_\_ Busyness \_\_\_\_\_ Computer Use \_\_\_\_\_ Video Lottery \_\_\_\_\_  
 Sleeping \_\_\_\_\_ Religious Involvement \_\_\_\_\_ Sports \_\_\_\_\_ Being Physically Ill \_\_\_\_\_  
 Ritual Abuse \_\_\_\_\_ Shoplifting \_\_\_\_\_ Housecleaning \_\_\_\_\_ Meditation \_\_\_\_\_ Sugar \_\_\_\_\_  
 Hobbies/Crafts \_\_\_\_\_ Over Spending \_\_\_\_\_ Other \_\_\_\_\_

Have you ever gone to counseling for any of the above reasons? Yes \_\_\_\_\_ No \_\_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_

## Your Use of Escapes:

by Lane Laster

On a scale of 1-10 for each statement about common escapes, where 1-2 = very untrue of me, 3-4 moderately untrue of me, 5 = slightly untrue of me, 6 = slightly true of me, 7-8 = moderately true of me, and 9-10 = very true of me.

<b>Alcohol Use</b>	1	2	3	4	5	6	7	8	9	10
I consider alcohol a problem in my life.										
I constantly think about or look forward to drinking.										
I encourage others to drink with me even if they are not interested										
I behave in ways that I regret when I drink.										
I drink to avoid negative feelings.										
I try to change my drinking habits and fail.										
<b>Total</b>										
<b>Food Use</b>										
I think I have an eating problem.										
I constantly think about or look forward to eating.										
I overeat frequently and feel guilty.										
I encourage others to eat even if I know they are not hungry										
I eat to avoid negative feelings.										
I try to change my eating habits and fail.										
<b>Total</b>										
<b>Sexual Behavior</b>										
I consider sex a problem in my life.										
I constantly think about or look forward to sex.										
I do things sexually that I later regret.										
I have sex in order to avoid negative feelings.										
I have sex when I am not interested because the other person wants it										
I try to change my sexual behavior and fail.										
<b>Total</b>										

	1	2	3	4	5	6	7	8	9	10
<b>Gambling</b>										
I think I have a problem gambling.										
I constantly think about or look forward to gambling.										
I work hard to support my partners gambling										
I gamble with money I cannot afford to lose.										
A gamble in order to avoid negative feelings.										
I try to change my gambling habits and fail.										
<b>Total</b>										
<b>Exercise</b>										
I think I exercise compulsively.										
I constantly think about or look forward to exercising.										
I exercise in order to avoid negative feelings.										
I create problems for myself because my exercising.										
I try to change my exercise behavior and fail.										
<b>Total</b>										
<b>Spending Money</b>										
I think I overspend.										
I constantly spend money on others										
I constantly think about or look forward to spending money.										
I spend money that I later regret spending.										
I spend money in order to avoid negative feelings.										
I try to change my spending habits and fail.										
<b>Total</b>										

**Activities and Social Interests:**

Please list all the clubs or organizations that you are involved with: \_\_\_\_\_

Please list your creative interests: \_\_\_\_\_

Please list the recreational events you enjoy: \_\_\_\_\_

Please list any special talents or skills you have: \_\_\_\_\_

**Feelings, Emotions and Evaluations:**

On the following scale, please rate your present performance in areas on the left. On a scale of 1-10 for each statement rate the level at which this is a problem, where 1-2 = very poor/many problems, 3-4 below average, 5-6 = average, 7-8 = above-average, and 9-10 = very good/no problem.

	1	2	3	4	5	6	7	8	9	10
Physical										
Emotional										
Spiritual										
Job										
Family										
Financial										
Social										
Legal										
Self-worth										

How do you picture yourself? (Describe yourself in your own words)

Do you have fears or anxieties about anything? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain:

**Have You Ever Experienced Any of the Following:**

Suicidal Thoughts      Yes \_\_\_\_\_ No \_\_\_\_\_ \_\_\_\_\_

Suicidal plans      Yes \_\_\_\_\_ No \_\_\_\_\_ \_\_\_\_\_

Suicide attempts      Yes \_\_\_\_\_ No \_\_\_\_\_ \_\_\_\_\_

Drug/alcohol related      Yes \_\_\_\_\_ No \_\_\_\_\_ \_\_\_\_\_

What would you like to change in your life? \_\_\_\_\_

## Relationship Dependency Self-Assessment:

by Lane Laster

Relationship dependency may be a problem for you. Write to what extent the characteristics below apply to you. On a scale of 1-10 for each statement about relationship dependency, where 1-2 = very untrue of me, 3-4 moderately untrue of me, 5 = slightly untrue of me, 6 = slightly true of me, 7-8 = moderately true of me, and 9-10 = very true of me.

	1	2	3	4	5	6	7	8	9	10
I invest my time, energy and affection in relationships, where these qualities are not reciprocated equally.										
I neglect my own wishes, needs and values in order to accommodate my partner.										
I take excessive responsibility for the problems in my relationship.										
I worry more about another person's problems in a relationship than my own.										
My feelings do not matter										
I spend much of my time thinking, planning or worrying about how to improve the relationship.										
I believe that I can directly change another person's feelings and behaviors toward me.										
I am ready to drop everything to take care of another person										
I do so much in the relationship and get so little in return										
I have trouble identifying my feelings and needs.										
I am a great caretaker										
I feel unable to protect myself from criticism or abuse.										