

LIFE FUNCTIONING INVENTORY

This form is intended to help me become better acquainted with you and in turn, serve you better. Please print the information requested or checkmark the appropriate responses. You may omit any item, but try to be as thorough as possible. Thank you.

SECTION A: Basic Client Information

Full Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City/State/Zip: _____ Cell Phone: _____

E-mail: _____ Would you like e-mail appointment reminders? _____

OK to leave a message: Home Phone yes no Work Phone yes no Cell Phone yes no

Date of Birth: _____ Age: _____ Gender: male female

Referred by: _____

Emergency Contact Name: _____ Relationship: _____

Address: _____ Contact Phone: _____

City/State/Zip: _____ E-mail: _____

By checking this box, I give permission for my therapist to contact the above-listed person should an emergency situation arise. I acknowledge that I can change this preference at any time via written request.

SECTION B: Presenting Problem Analysis

1. Briefly describe the problem or concern for which you are currently seeking therapy:

2. How would you rate the intensity of the problem or concern that led you to seek professional services?
(please circle)

Extremely Intense Moderately Intense Not Intense
5 4 3 2 1

3. Approximately how long have you had the current problem or concern? _____

4. In what ways have you attempted to cope with this problem or concern? _____

5. Have you tried counseling in the past to address this same issue/concern? yes no

If yes, please rate your experience of how successful it was:

Extremely Successful Moderately Successful Not at all Successful
5 4 3 2 1

SECTION C: *Cultural Background*

1. What is your race/ethnicity?

- White/Caucasian Hispanic/Latino(a) Black/African American
 Asian American American Indian/Alaska Native Native Hawaiian/Pacific Islander
 Multiracial (please specify) _____
 International (please specify) _____

2. How much do you identify with your ethnic heritage? not at all a little somewhat moderately strongly

3. Religious or spiritual preference: _____

4. Are you currently active in your religion? yes somewhat no

5. Does your family speak a language other than English at home?

- not all very little sometimes frequently always

If "sometimes" to "always," what language is spoken? _____

6. Were you and both your biological parents born in the U.S.? yes no unsure

If no, who was foreign-born, from what country, and what was the approximate age of immigration to the U.S.?

SECTION D: *Family Background*

1. Please list the members of your current family.

a. Father:	Age:	Occupation:	Education:
b. Mother:	Age:	Occupation:	Education:
c. Sibling:	Age:	Occupation:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
d. Sibling:	Age:	Occupation:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
e. Sibling:	Age:	Occupation:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
f. Sibling:	Age:	Occupation:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female

2. Is your father deceased? yes no Year? _____ Is your mother deceased? yes no Year? _____

3. What is/was your parents' marital status? married/partnered divorced separated
 widowed father remarried mother remarried

10. Have you personally experienced significant abuse?

none unsure emotional physical sexual

11. In general, how happy or adjusted were you growing up?

poor unsatisfactory average substantial completely

12. How much is your immediate family a source of emotional support for you?

none little somewhat substantial always

13. How much conflict in values do you currently experience with your parents?

none little somewhat substantial always

14. To whom in your family do you currently feel closest? _____

Most distant? _____ In most conflict? _____

SECTION E: Education Information and Work History**1. Please indicate your education level.**

less than high school H.S. equivalent/GED high school diploma
 vocational school some college (no degree completed) bachelor's degree
 master's degree doctoral degree other _____

2. What was your major/minor/area of concentration? _____**3. Did you experience any learning problems in school?**

none little some substantial always/constant struggle

4. How satisfied are/were you with your academic progress? (please circle)

very satisfied satisfied very dissatisfied
5 4 3 2 1

5. What barriers, if any are impeding your academic progress? _____**6. What is your current job and/or occupation? _____****7. Where are you employed? _____****8. How satisfied are you with your current job and/or occupation? (please circle)**

very satisfied satisfied very dissatisfied
5 4 3 2 1

9. How many jobs have you held in the past 10 years? _____**10. Have you ever been fired from a job? yes no**

If yes, for what reason? _____

11. Have you ever walked off a job? yes no

If yes, for what reason? _____

SECTION F: *Health and Social Issues*

1. How is your physical health at present? poor fair satisfactory good excellent

2. Please list any persistent physical symptoms or health concerns (e.g., chronic pain, headaches, diabetes, etc.)

3. Please list any prescribed medications you are presently taking.

4. Are you having any problems with your sleep habits? yes no

If yes, check where applicable: sleeping too little sleeping too much poor quality sleep
 disturbing dreams other _____

5. How many times per week do you exercise? _____ For How long? _____

6. Are you having any difficulty with appetite or eating habits? yes no

If yes, check where applicable: eating less eating more binge eating
 restricting calories significant weight change (in past two months)

7. Do you regularly use alcohol? yes no

In a typical month, how often do you have 4 or more drinks in a 24 hour period? _____

8. Have you ever tried to cut down on the amount of alcohol you consume? yes no

9. Has anyone close to you ever been annoyed by your drinking? yes no unsure

10. Do you consider your alcohol consumption to be a problem? yes no unsure

11. How often do you engage in recreational drug use? daily weekly monthly rarely
 never

12. Do you consider your drug use to be a problem? yes no unsure

13. Have you ever experienced legal problems? yes no If yes, nature of problem? _____

14. In the past, how would you rate the quality of your peer relationships?

very poor unsatisfactory average good excellent

15. Approximately how many significant intimate relationships, lasting six months or more, have you had? _____

Are you currently in one? yes no

16. Do you have any problems or worries about sexual functioning? yes no

If yes, check where applicable: performance problem sexual impulsiveness lack of desire
 difficulty maintaining arousal Worry about STD(s) other _____

17. What is your sexual orientation? heterosexual gay/lesbian bisexual unsure
18. Besides family members, approximately how many people can you really count on currently for friendship or emotional support? _____
19. How do you spend your leisure time? _____

SECTION G: *Mental Health History*

1. Are you currently receiving psychiatric services, professional counseling, or therapy elsewhere? yes no
2. Have you ever had previous counseling or psychotherapy? yes no
If yes, Please specify the following: Reason for counseling: _____
Name of Therapist: _____ When: _____ Counseling duration: _____
3. Have you ever been hospitalized for psychiatric reasons? yes no
If yes, please specify the following: Reason for hospitalization: _____
Hospital: _____ Dates/duration of hospitalization: _____
4. Have you ever been prescribed medication for psychiatric reasons? yes no
If yes, please specify the following: Name/dose of medication: _____
Date of prescription: _____ Duration of medication: _____
Physician who prescribed medication: _____
5. Have you had suicidal thoughts recently? yes no
If yes, how often? daily weekly monthly rarely

Have you had them in the past? yes no
If yes, how often? daily weekly monthly rarely
6. Have you ever intentionally inflicted harm upon yourself? yes no
If yes, how often? daily weekly monthly rarely
Nature of harm: _____
7. Have you ever intentionally hurt someone else? yes no Nature of harm: _____
8. Have you ever experienced any form of traumatic experience? yes no When? _____
Nature of experience: _____
9. Have you ever experienced sexual assault, unwanted sex or uncomfortable touching (including in committed relationships)?
 frequently on more than one occasion once never unsure
10. How does the future look to you? poor fair neutral good excellent

11. What are your plans for your future? _____

12. What do you hope to accomplish through counseling? _____

13. Is there anything else you would like me to know? _____

Thank you for your time and effort!