Marvin Vandenhoek, M.C.
Canadian Certified Counsellor (Cert. #10000925)

INITIAL ASSESSMENT

Client: _____ **First Session Date:** _____

Counsellor: Marvin Vandenhoek, M.C., C.C.C.

AS STATED BY THE CLIENT:

PRESENTING ISSUE

SOURCES OF STRESS

- □Anger
- □Anxiety/Panic
- □Depression
- □Eating/Body Image
- □Family Relationships
- □Financial
- □Grief
- □Homesickness
- □Personal Identity
- □Romantic Relationships
- □School
- □Sexual Identity
- □Social Relationships
- □Stress
- □Trauma
- □Other:

WORK/CAREER

Career goals: □not explored _____

Employment: □not explored □full time □part time □unemployed

FAMILY

Genogram:

Family Relationships:

MH issues in family: □not explored □no □yes_____

SUPPORTS

Social supports:

□Parents:
□Friends:
□Roommates:
□Romantic Relationship:
□Other:

Personal Supports

□Interests/Hobbies:
□Self-Care Activities:
□Coping Strategies:

HISTORY

Past/Current Mental Health: □not explored □no □yes

□ Counselling: _____

□ Psychiatrist: _____

Past/Current Physical Health Problems: □not explored □no □yes

_____

□ Medical Doctor: _____

□ Medications: _____

PERSONAL FUNCTIONING (Symptoms of Concern)

Sleeping patterns: □not explored _____

Changes in eating/weight: □not explored □no □yes_____

Exercise: □not explored _____

Changes in energy/motivation: □not explored □no □yes _____

Concentration: □not explored _____

Mood: □not explored _____

Physical Complaints (e.g., headache):□none _____

Doctor:□none_____

RISKS

□Alcohol (frequency:)
□Drug (frequency:)
□Aggression/Impulsivity
□Sexuality Concerns
□Self-Harm
□Other:

TRAUMA HISTORY

□Traumatic Events/Crises:

Suicidal Thoughts: □Current □History □Client denied

Informal Risk Assessment: □See Formal Risk Assessment

None	Low			Moderate				High		Acute
□0	□1	□2	□3	□4	□5	□6	□7	□8	□9	□10

Violent Thoughts: □Current □History □Client denied

Informal Risk Assessment: □See Formal Risk Assessment

None	Low			Moderate				High		Acute
□0	□1	□2	□3	□4	□5	□6	□7	□8	□9	□10

COUNSELLING GOALS

1.

Starting point:

□0 □1 □2 □3 □4 □5 □6 □7 □8 □9 □10

2.

Starting point:

□0 □1 □2 □3 □4 □5 □6 □7 □8 □9 □10

TREATMENT PLAN

- ☐ Acceptance & Commitment Therapy
- ☐ Animal Assisted Therapy
- ☐ Cognitive Behavioural Therapy
- ☐ Grief Therapy
- ☐ Couples Therapy
- ☐ Person Centred Therapy
- ☐ Other: _____

Signature: Date Initial Assessment Completed:

_____ Date: _____

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M.C., C.C.C.