**Psychotherapy Readiness Assessment**

During psychotherapy, you will learn about your condition and your moods, feelings, thoughts and behaviors. Psychotherapy helps you learn how to take control of your life and respond to challenging situations with healthy coping skills. It is important to have some awareness/insight into your challenges. Psychotherapy is a process that involves time and commitment in order to help you make the changes that will improve your wellness. You will develop a goal(s) when meeting with the therapist to determine the direction of your sessions. There are many types of psychotherapy, each with its own approach. The type of psychotherapy that's right for you depends on your individual situation.

**Client Name: Referred By: Date:**

1. Please describe why you would like counselling/therapy
2. What would like help with?
3. What are your goals for counselling?
4. How long have you been experiencing your current challenge(s)?

3. Have you had counselling/therapy in the past? If so, briefly what for, where, how long, what was helpful, what was not helpful

4. What supports do you have (family, friends, other services)?

*\*The following questions (5, 6, 7 & 8) are* ***optional to answer.*** *You may leave these sections blank if you are not comfortable answering them.*

5. Do you have a concern with substance use, alcohol and/or drugs?

 a. Currently? No Yes

 b. In the past? No Yes

*If yes, please describe:*

 6. Do you have a concern with suicide?

 a. Currently? No Yes

 b. In the past? No Yes

*If yes, please describe:*

7. Do you have a concern with self-harm?

 a. Currently? No Yes

 b. In the past? No Yes

 *If yes, please describe:*

8. Have you experienced abuse and trauma?

|  |  |  |  |
| --- | --- | --- | --- |
| a. | Past history of physical abuse? | No | Yes |
| b. | Past history of sexual abuse? | No | Yes |
| c. | Past history of emotional abuse? | No | Yes |

*If yes please describe:*

|  |  |  |  |
| --- | --- | --- | --- |
| d. | Current physical abuse? | No | Yes |
| e.f. | Current emotional abuse?Current of sexual abuse? | NoNo | YesYes |

*If yes please describe:*