

Therapy Needs Assessment

Name: _____

Date: _____

Presenting Problem

What brought you to seek help? _____

When and where have you been hospitalized? _____

Why were you in the hospital? _____

Medications

What medications are you prescribed for your mental health? _____

Who prescribed them? _____

When was the last time you took your meds? _____

How are they working? _____

Have you noticed any side effects? _____

If you don't have any prescriptions, do you want to try medication? _____

And if so, how can I help you to see a doctor? _____

Sleep Hygiene

How many hours of sleep do you get a night? _____

If the answer is less than six.....

Do you feel that you are getting enough sleep? _____

Why do you say that? _____

What time do you usually go to bed? _____

When do you usually wake up? _____

How can you get more or better sleep? _____

Therapy

Have you had therapy in the past? _____

If the response is affirmative.....

What did it look like? _____

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How was it helpful? _____

What do you wish you had done differently? _____

In our time together.....

What do you want to work on in therapy? _____

What else? _____

What do you want from me? _____

What are things that might get in the way of therapy?

Suicidality

Have you ever seriously considered suicide?

If answered affirmatively (if not, skip to the next session).....

Have you ever attempted suicide (if so, when and how)? _____

When was the last time you thought about ending your life? _____

If suicide is chronic....

Why are you having these suicidal thoughts? _____

Why do you want to die? _____

Why is it so hard to live? _____

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Why can't you imagine living without the option of suicide? _____

Substance Use

When did you last have a drink (beer, wine, or liquor)? _____

How often do you drink (or did you drink)? _____

If abstinent from alcohol....

How and why did you stop drinking? _____

If alcohol use in the past 30 days...

Have you ever thought about quitting? _____

Why? _____

Have you ever actually stopped? _____

If so, tell me about what it was like? _____

Ask the same questions for marijuana, cocaine, opiates, "pills," and "taking more of your prescription than the doctor told you to."

Spirituality

Do you consider yourself religious? _____ Spiritual? _____ To have faith? _____

Tell me more about that... _____

If spiritual....

How do your beliefs help you? _____

Do you have any negative thoughts or experiences around religion? _____ If so, tell me about that: _____

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Do you want to connect with a pastor/rabbi, imam, priest or other spiritual advisor? _____

If so, how can I help you to do so? _____

Connections with Others

Who do you talk to every day? _____

Who do you hang out with? _____

What do y'all do together? _____

What do you like best about them? _____

Who do you trust with your secrets? _____

Who are your family members? _____

When did you last speak to them? _____

Are there any relationships you'd like to repair? _____

Tell me about relationships that are abusive (physically or verbally): _____

Sexual Health

When was the last time you were intimate with someone? _____

Was it with the same gender or a different gender? Or with someone who is gender fluid?

Or multiple partners? _____

What type, if any, contraception or protection do you use? _____

Was it consensual? _____

What does a healthy sexual relationship look like to you? _____

Exercise

Can you walk? _____ If so, when was the last time? _____ How far? _____

What other exercise do you do? _____

What is keeping you from exercising more? _____

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Hobbies/Interests

What do you enjoy doing? _____

What do you not do, that you'd like to do? _____

What are you good at? _____