

# Counselling Assessment Form

## Client Information:

- Full Name: \_\_\_\_\_
- Age: \_\_\_\_\_ Gender: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Date of Assessment: \_\_\_\_\_

## Reason for Seeking Counselling:

---

---

## Current Concerns (Check all that apply):

- Stress
- Anxiety
- Depression
- Relationship Issues
- Work/School Problems
- Other (Specify): \_\_\_\_\_

## Counselling History:

- Have you sought counseling before?
  - Yes
  - No
- If yes, when and for what purpose?

---

## Goals for Counselling:

---

---

**Additional Notes:**

---

---

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_