

# Counseling Consent Assessment Form

## Client Identification

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Present Concerns

Describe your main reason(s) for seeking counseling:

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Check if any apply:

- Anxiety or Stress
- Relationship Issues
- Depression or Low Mood
- Life Transition or Crisis
- Other: \_\_\_\_\_

## History and Background

- Current medical conditions or medications:  
\_\_\_\_\_
- Previous counseling or mental health diagnoses:  
\_\_\_\_\_
- Significant life events or traumas:  
\_\_\_\_\_

## Assessment and Confidentiality

Information shared here shapes initial counseling strategies. While confidentiality

is safeguarded, exceptions include mandatory reporting, court orders, or threats of harm.

### Consent to Assessment

- I authorize the counselor to gather essential information for preliminary evaluation.
- I understand that this assessment is part of an ongoing process and does not guarantee specific results.
- I release the counselor from liability for outcomes resulting from standard assessment practices.

### Signature Section

Client Name: \_\_\_\_\_

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

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

Counselor Name: \_\_\_\_\_

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

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