



Evaluation Registration

Full name: _____ **Case Number:** _____

(First, Middle, Last Name)

Current Address: _____

(Street address)

(City, State)

(Zip Code)

Social Security Number: _____ **Date of Birth:** _____ **Age:** _____

Home Phone: _____ **Second Phone:** _____ **Message phone:** _____

Relationship Status: Married _____ Single _____ Divorced _____ Widowed _____ Cohabiting _____

Military Service: Yes _____ No _____ If yes, dates of service: _____ Discharge: _____

EMPLOYMENT STATUS

Current employment status: Employed _____ Unemployed _____ Part-time _____ Student _____

Homemaker _____ Disabled _____ Other _____

Current Employer: _____ **Address:** _____

Current Occupation: _____ **Length of Employment:** _____

Work Phone: _____ **Gross Monthly Income:** _____ **Work Schedule:** _____

LEGAL INFORMATION

Date of Incident/Arrest: _____ **Judge:** _____ **Next court date:** _____

Current Charges: _____

List ALL prior arrests or charges _____ **Date** _____ **Felony or Misdemeanor** _____

Has a protection, restraining, or no contact been filed against you? Yes ___ No ___ If yes, please explain:

Have you ever violated a protection, restraining, or no contact order? Yes ___ No ___ If yes, please explain:

Have you or your spouse file for divorce or separation? Yes ___ No ___ If yes, When? _____

Your Attorney's Name: _____ **Phone & Fax:** _____

Address: _____

Probation/Parole Officers' Name: _____ County: _____ Phone: _____

Pre-Sentence Investigator's Name: _____ Phone: _____

CURRENT RELATIONSHIP STATUS

Name of current intimate partner: _____ Phone: _____

Partner's address: _____ Length of Current relationship: _____

Describe any recent changes in your relationship with your intimate partner in the last 12 months:

Do you have or expect any children with your current intimate partner? Yes _____ No _____

Names of children	Age	Do they live with you?
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_____	_____	_____
_____	_____	_____
_____	_____	_____

List all former spouses and intimate partners:

Name: _____ Address: _____

Phone: _____ Length of relationship: _____ (years & months) Dates: _____ to _____

Name: _____ Address: _____

Phone: _____ Length of relationship: _____ (years & months) Dates: _____ to _____

Name: _____ Address: _____

Phone: _____ Length of relationship: _____ (years & months) Dates: _____ to _____

Children from former relationships:

Names of children	Age	Are they living with you?
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Who are you currently living with? _____ Relationship: _____ Phone: _____

Address: _____

HEALTH

Have you ever completed counseling for anger, aggression, or domestic violence? Yes ___ No ___

Have you ever completed parent education classes? Yes ___ No ___

Have you ever completed other types of counseling or education? Yes ___ No ___

Names and dates of completed programs

Instructor's name

Do you currently take prescription medications? Yes ___ No ___ Please list names of medications:

Have you ever made a suicide attempt, suicide threat, or intentionally cut or injured yourself?

Yes ___ No ___ When? _____ Explain: _____

Have you ever threatened to harm or kill someone else?

Yes ___ No ___ When? _____ Explain: _____

Have you ever attempted to harm or kill someone else?

Yes ___ No ___ When? _____ Explain: _____

Do you own or have access to any firearms or other weapons? Yes ___ No ___ If yes, list weapons

Type of weapon

Location/Address

Alcohol & Drug Use Information

How often have you consumed alcohol in the past 12 months? _____

How many drinks do you usually have per occasion? _____ I last drank on (date): _____

How often have you used drugs in the past 12 months? _____

Type of Drug Used: _____ Amount used per occasion: _____

Do you, or have you, used these drugs in the past?

Methamphetamine/Crank		LSD (hallucinogens)	
Marijuana		Inhalants	
Cocaine		Pain Killers	
Ecstasy		Tobacco	

Have you ever completed treatment or education for drugs or alcohol abuse/addiction? _____

When? _____ Where? _____

Alcohol and drug related arrests

Dates of arrest

FAMILY HISTORY (Please explain ONLY if you answer YES)

1. **Were there any significant traumatic events in your family while you were growing up? i.e. The death, hospitalization, or incarceration of a parent or sibling, divorce or chronic disease?**

No _____ Yes _____

2. **Did you ever experience physical, sexual, or emotional abuse as a child? No _____ Yes _____**

3. **Where you ever treated harshly as a child? No _____ Yes _____**

4. **Did you ever experience inappropriate physical or sexual contact with an adult or person at least five years older than you while you were growing up? No _____ Yes _____**

5. **When you were a child, was there any violence in your household, such as battering of family members, involving siblings or a parent and his or her partner? No _____ Yes _____**

6. **Did you feel that your parents neglected you while you were growing up? i.e. were there periods during which you did not have adequate food, clothing, shelter or protection?**

No _____ Yes _____

7. **Did your parents use alcohol or drugs frequently while you were growing up? Did you ever use alcohol or drugs with them? No _____ Yes _____**

8. **Did you ever live away from your parents? No _____ Yes _____**

9. **When you were growing up, were there any periods when you felt unsafe or in danger?**

No _____ Yes _____

PAS

Part 1

For each of the statements below, please circle the number to the right of the statement that most accurately describes how it applies to you.

1	2	3	4	5
Completely undescriptive of you	Mostly undescriptive of you	Partly undescriptive & partly descriptive	Mostly descriptive of you	Completely descriptive of you

1. I can make myself angry about something in the past just by thinking about it. 1 2 3 4 5
2. I get so angry; I feel that I might lose control. 1 2 3 4 5
3. If I let people see the way I feel, I'd be considered a hard person to get along with. 1 2 3 4 5

Part 2

For each of the statements below, please indicated how true it is about you, by circling the appropriate number.

1	2	3	4	5
Never true	Seldom true	Sometimes true	Often true	Always true

4. I see myself in totally different ways at different times. 1 2 3 4 5
5. I feel empty inside. 1 2 3 4 5
6. I tend to feel things in a somewhat extreme way, experiencing either great joy or intense despair. 1 2 3 4 5
7. It is hard for me to be sure about what others think of me, even people who have known me very well. 1 2 3 4 5
8. I feel people don't give me the respect I deserve unless I put pressure on them. 1 2 3 4 5
9. Somehow, I never know quite how to conduct myself with people. 1 2 3 4 5

Part 3

Please read each of the following statements and rate the extent to which it describes your feelings about romantic relationships, by circling the appropriate number. Think about all of your romantic relationships, past and present, and respond in terms of how you generally feel in these relationships.

Not at all like me		Somewhat like me		Very much like me	
1	2	3	4	5	

10. I find it difficult to depend upon other people. 1 2 3 4 5
11. I worry that I will be hurt if I allow myself to become too close to others. 1 2 3 4 5
12. I am somewhat uncomfortable being close to others. 1 2 3 4 5

Part 4

How often have you experienced each of the following in the last two months?

0	1	2	3
Never	Occasionally	Fairly often	Very Often

13. Insomnia (trouble getting to sleep) 0 1 2 3
14. Restless sleep 0 1 2 3
15. Nightmares 0 1 2 3
16. Anxiety attacks 0 1 2 3
17. Fear of women (for men); Fear of men (for women) 0 1 2 3
18. Feeling tense all the time 0 1 2 3
19. Having trouble breathing 0 1 2 3

Part 5

Beside each statement, please circle the number of the response listed below that best describes how often the experience happened to you with your mother, (or female guardian) and father (or male guardian), when you were growing up. If you had more than one mother/father figure, please answer for the person who you feel played the most important role in your upbringing.

1	2	3	4
Never Occurred	Occasionally Occurred	Often Occurred	Always Occurred

- | | | |
|--|-----------------------|-----------------------|
| | Father or
Guardian | Mother or
Guardian |
| 20. My parent punished me even for small offenses. | 1 2 3 4 | 1 2 3 4 |
| 21. As a child I was physically punished or scolded in the presence of others. | 1 2 3 4 | 1 2 3 4 |
| 22. My parent gave me more corporal (physical) punishment than I deserved. | 1 2 3 4 | 1 2 3 4 |

23. I felt my parent thought it was my fault when he/she was unhappy.	1 2 3 4	1 2 3 4
24. I think my parent was mean and grudging toward me.	1 2 3 4	1 2 3 4
25. I was punished by my parent without having done anything.	1 2 3 4	1 2 3 4
26. My parent criticized me and told me how lazy and useless I was in front of others.	1 2 3 4	1 2 3 4
27. My parent would punish me hard, even for trifles.	1 2 3 4	1 2 3 4
28. My parent treated me in such a way that I felt ashamed.	1 2 3 4	1 2 3 4
29. I was beaten by my parents.	1 2 3 4	1 2 3 4

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I authorize State Avenue Counseling & Wellness to release this evaluation to:

Signed _____ Date/Time: _____

Witness _____ Date/Time: _____