



JAYPEE UNIVERSITY OF INFORMATION TECHNOLOGY
WAKNAGHAT, P.O. - WAKNAGHAT,
TEHSIL - KANDAGHAT, DISTRICT - SOLAN (H.P.)
PIN - 173234 (INDIA) Phone Number- +91-1792-257999
(Established by H.P. State Legislature vide Act No. 14 of 2002)



COUNSELING CASE HISTORY FORM

Client Information

- **Full Name:** _____
- **Roll Number:** _____
- **Date of Birth:** _____
- **Age:** _____
- **Gender:** _____
- **Marital Status:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Emergency Contact (Name & Phone):** _____

1. Present Problem(s)

- Please describe the main reason(s) you're seeking counselling:

How long have these issues been present? _____

2. Mental Health History

- Have you previously seen a counsellor, therapist, or psychiatrist?
☐ Yes ☐ No
If yes, when and for what concerns?
- Have you ever been hospitalized for mental health reasons? ☐ Yes ☐ No
If yes, please explain: _____
- Current mental health symptoms (check all that apply):
☐ Anxiety ☐ Depression ☐ Anger issues ☐ Grief ☐ Trauma ☐ Suicidal thoughts ☐
Self-harm ☐ Relationship issues ☐ Sleep problems ☐ Substance use ☐ Other: _____

3. Medical History

- Current or chronic medical conditions:



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- Current medications (prescription and over-the-counter):
- Any history of head injury, neurological issues, or developmental delays?
☐ Yes ☐ No – If yes, describe: _____

4. Substance Use

- Do you use any of the following? (Check all that apply)
☐ Alcohol ☐ Tobacco ☐ Marijuana ☐ Other substances: _____
Frequency and amount: _____

5. Family & Social History

- Who do you currently live with? _____
- Describe your family relationships (e.g., supportive, strained):
- Do you have a support system (friends, family, community)? ☐ Yes ☐ No
If yes, describe: _____

6. Education and Employment

- Highest level of education: _____
- Current school (if applicable): _____
- Are you satisfied with your work/school situation? ☐ Yes ☐ No
If no, please explain: _____

7. Goals for Counselling

What would you like to achieve through counselling?

Signature: _____

Date: _____