

Client Name: _____ Client #: _____ Adm. Date: _____

Community Counseling of Central Connecticut Inc.
 53 Muir Ave Bristol, CT. 06010 860-582-7904 www.docwarren.org
We treat people not privilege
Psychosexual Assessment Summary
 (Not to replace Psychosocial Assessment)

Reason for Current TX: Anorgasmia Premature Ejaculation Vaginismus Retarded Ejaculation
 Hypo Active Sexual Desire Hyper Active Sexual Desire Other _____

Current Age _____ Date of last physical exam _____

What were the results? _____

What if anything preceded therapy? _____

How long has this been an issue? _____

Is there anything that alleviates the complaint? Please explain. _____

Is there anything that makes the complaint worse? Explain. _____

Does drug including alcohol use play a role in the complaint or surrounding circumstances?

In what circumstances is complaint likely to occur? _____

Has this complaint ever been an issue in the past? Y / N If yes, what if anything helped or made it worse? _____

How long has this condition been a problem in the past, present?

Age of first sexual experimentation: _____ Age of first intercourse: _____

Approximate number of sexual partners: _____

Average length of relationships: _____

Number of serious relationships (including present): _____

How would you classify past relationships: Positive Negative Physically Abusive Mentally Abusive. Explain: _____

How was your relationship with your parents growing up? Loving Abusive Caring Other

How was the topic of sex addressed when you were growing up? Wasn't Openly Negatively/
 Shame based Other _____

Could you and did you ever ask parents questions about sexuality? Y / N

How were relationships with siblings while you were growing up? Positive Negative Typical

History of Abuse: Sexual Emotional Physical Victim Perpetrator Denies

Describe past sexual relationships. Loving Abusive Caring Other

Describe current sexual relationship. Loving Abusive Caring Other

Is there a personal or family history of circulatory conditions? Y/N Explain. _____

History of Diabetes (self or family) Y/N explain. _____

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If Diabetes is present is it stabilized? Y/N IF so for how long? If not how long has it been unstable and what has been tried in an attempt for stabilization? _____

Is your current lover willing to be part of the therapeutic relationship? **Y / N**

How open is communication about sexuality in your current relationship? Isn't Openly Negatively/ Shame based Other _____ In past relationships?

Wasn't Openly Negatively/ Shame based Other _____

Describe anxiety level you experience **before sex** None Mild Moderate Extreme **during sex** None Mild Moderate Extreme **after sex** None Mild Moderate Extreme

Is there anything in your present situation that you feel is adding to this issue?

Explain: _____

Describe any techniques that have been attempted in order to improve your current issue. _____

What if anything did you learn about sex from the following people?

Peers None A lot Some Most Other _____ Was it helpful/ accurate? Y/N Unknown

Siblings None A lot Some Most Other _____ Was it helpful/ accurate? Y/N Unknown

Parents None A lot Some Most Other _____ Was it helpful/ accurate? Y/N Unknown

School None A lot Some Most Other _____ Was it helpful/ accurate? Y/N Unknown

Lovers (past& present) None A lot Some Most Other Was it helpful/ accurate? Y/N

Unsure _____

Have you ever had an unwanted pregnancy? **Y/N** If yes, what happened and how did (do) you feel about it? ok depressed remorseful confused Other _____

Sexual Orientation N/A Heterosexual Homosexual Bisexual Other _____

Active Not Active Virgin

Marital Status: Married Single Engaged Living together Other _____

Length of current relationship: Years: _____ Months: _____ Relationship status: Open Committed

Current relationship status: Happy Stressful Mixed Ending Other _____

Employment History/Occupational: N/A Student FT PT Employed FT PT

Unemployed Seasonal **Types:** Industrial/Factory Retail Restaurant Professional

Maintenance Garden/ landscape Other _____

Average hrs per week _____ Any recent change in schedule Yes No

Educational/Vocational: None Reported Still In School High School GED Some College

Associates Bachelors Masters CAGS/ Fifth yr. Doctoral Other _____

Voc Agricultural Machinist Carpentry HVAC Electrical PC Other _____

Medical: None Reported Heart Cancer Lung Asthma Epilepsy Paralysis Hypertension

Tumors Migraines STD Anemia lymphoma Other _____

Meds Y/N if Y list: _____

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Current living Circumstances: Self S/O Brother(s) Sister(s) Parent(s) Children
 Other _____ **Lives in:** Home Apt. Halfway House Shelter Other _____

Emotional: Supportive Abusive Mixed Other _____

Ethnic/Cultural: (Is there anything that would significantly affect treatment).
 Decline to answer Caucasian Hispanic African American Asian Alaskan Native Pacific
Islander Native American Multi Racial Other _____

Spirituality/Religion: How important does client view religion in treatment? N/A Some Very
 None Reported Buddhist Christian Catholic Jewish Muslim Protestant Wiccan
 Mormon Jehovah's Witness Other _____
 Active Not Active

General Appearance/Observations: (Affect, mood, thought content, insight etc.)
 Neat Disheveled Insightful Engaged Resistant Depressed Irritable Unresponsive Angry
 Defiant Fearful Neutral Anxious Withdrawn Uncooperative Calm Confused Trusting Manic
Affect: Flat Labile Restricted Appropriate to Content Other
Energy Level: Lethargic Appropriate Restless Hyperactive Other
Participation: Cooperative/Contributes to Session Avoidant/Poor Participation Refused to Participate

DSM IV TR:
Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: _____ **Current** _____ **Past Year**

Clinician Signature: _____ **Date:** _____
Dr. Warren Corson III LPC, NCC, ACS