



Client Intake Questionnaire (Individual)

General:

Name		Date	
Address		Home phone	
Cell phone		Work phone	
Fax		E-mail	
Referred by		Age & Date of birth	
Marital status		Educational level	
Occupation			
Names/ages of children			

Emergency contact information _____

Therapist may: leave message on home/cell/work phone?(circle preferred)
 email? send mail to home address? fax

Financial Information:

How do you intend to pay for treatment? (cash or check, please circle)

Areas of Concern

What issues/concerns causes you to seek treatment? Please describe.

Do you have any specific goals with regard to your treatment?

Do you have any particular concerns/fears with regard to treatment?

Medical History

Have you ever been diagnosed with a serious illness? Please describe

Do you have any medical conditions that may affect your mental health treatment?

Please describe your overall health today.

Are you experiencing any medical/physical symptoms you attribute to a mental, emotional, or stress-related condition? Please describe.

Psychological History

Please note that therapist may request a release of information to contact any former therapists or treatment facilities.

Have you ever received mental health treatment before?
When and for how long?

What was the focus of treatment?

Name of treating therapist(s), address(es), telephone number(s)

Have you ever been subjected to one or more psychological tests?
If so, by whom?

Name of person(s) administered psychological tests, address(es), telephone number(s)

Have you ever been hospitalized for mental or emotional problems?
When and for how long?

Why were you hospitalized?
Name of treating therapist, address, telephone number

What, if any, prescription medications are you currently taking?

Prescribed by whom?

How long have you been on the medications?

Have you ever taken any medications for a mental or emotional condition?

When and for how long?

Have you ever attempted suicide?
When?

Are you currently having any suicidal thoughts? Please describe

Please describe your childhood.

Were you ever subjected to verbal, physical, emotional, sexual abuse? Please describe.

Have you ever been a victim of a violent crime? Please describe.

Have you ever been in a 12-step program? Please describe.

If you smoke, how much? _____ For how long? _____

On average, how much alcohol do you consume in a week? _____

Do you currently use illegal drugs? Please describe your use.

Have you ever used illegal drugs? Please describe.

Family of Origin History

Mother's name, age, living/deceased, client's age at the time of mother's death, description of relationship with mother.

Father's name, age, living/deceased, client's age at the time of father's death, description of relationship with father.

Names and ages of siblings.

Other Information

Please describe your spiritual identity/orientation.

Please describe your interests/hobbies.

Are you now or have you ever been involved in a lawsuit? Please describe.

Please feel free to include any other information that you believe is relevant to your mental health treatment, not previously requested.