

Client Questionnaire

Name: _____

Date: _____

Describe the reason(s) you are seeking therapy at this time.

When did the problem(s) begin?

What have you tried? (if you have tried therapy in the past, whom did you see & for how long?)

Have you ever been hospitalized for psychological problems or substance abuse problems?

_____ Yes _____ No

If yes, when and where? _____

Has anyone in your family ever been treated for similar problems? _____ Yes _____ No

If yes, when, where and for what specifically? _____

Drug and Alcohol Consumption:

Do you drink alcoholic beverages? _____ Yes _____ No

If yes, how much do you consume in an average week? _____

Do you take any illegal substances? _____ Yes _____ No

If yes, which substances and how often?

Legal Issues:

Have you had any arrests or convictions and/or do you have legal claims related to the problems that bring you to therapy? _____ Yes _____ No

If yes, please explain: _____

Physical Health:

Do you take any prescribed medication? _____ Yes _____ No

How do you rate your general health? _____

Please list any medical conditions you are being treated for at this time: _____

When was your last physical? _____

Who is your primary care physician? _____

Current Medications:

Medication

Dose

Date Started
Prescribed by

Current Allergies _____

Major Illnesses in the past _____

Mark areas that are a problem for you, using the following rating system.

- 0 - Never**
- 1 - Sometimes**
- 2 - Often**
- 3 - Almost Always**

___ **Headaches/aches and pains**

___ **Marriage/Partner**

___ **Anxiety/excessive worry**

___ **Parenting**

___ **Panic Attacks**

___ **Family Relationships**

___ **Eating Habits**

___ **Friendships**

___ **Difficulty Sleeping**

___ **Fear of Abandonment**

___ **Depression/sadness**

___ **Spiritual/purpose/meaning**

___ **Mood Swings**

___ **Financial**

___ **Anger/temper**

___ **Suicidal Thoughts**

___ **Ability to Concentrate or Focus**

___ **Homicidal Thoughts**

___ **Racing thoughts**

___ **Self-Harm**

___ **Self-judgment/shame**

___ **Impulsive Decisions**

___ **No Feelings**

___ **Nightmares/flashbacks**

