

## 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

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**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**

