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INTAKE QUESTIONNAIRE

Date: ________ **Name:**____ **Age:**_____

Reason for Visit: ____

Gender:
___Male ___Female **Race / Ethnicity:** ____

Languages Spoken: ____
Primary Language: __________________**Language spoken at home**____________________

<u>Relational Status</u>:

____Single ____Married / Partnered ____Separated ____Divorced ____Widowed ____Other

Residence: _____ Live Alone _____ Live with others (specify name, age, relationship below)
____
____

Sexual Orientation: _______________________________ Questioning: __________________

Spiritual/ Religious affiliation: ______________ Level of Importance: _____ scale 1-10 (high)

<u>Educational Information:</u>
Are you currently attending school? ________ yes _______ no
Name of school ___________________________ Grade / Year: _________________________

High School Graduate: _____ yes _____ no GED completion: ______ yes ______ no

College Degree: __________________________________ Year of Graduation: ______________

Major area of study: ____

<u>Current Employment:</u> _______________________________Length of time in position _____

Level of Stress: ______ (0 – 10 high) Other jobs you have held: ________________________

<u>Military Service</u>: ____yes ____no Branch: _________________ Rank: _________________

For how long? _____ No. of tours**:**______ Date/ Type of Discharge: ___________________

Were you in combat? _____________ Where? ____________________ How long? _______

Name: ___________________________

PRESENTING CONCERN: ____

When did you first notice this problem? ____

How does this concern impact your life experience? __________________________________

____

What are your symptoms? ____

What have you tried to alleviate your symptoms? ____________________________________

____

What has worked best? _________________________ Least?__________________________

SUICIDAL/HOMICIDAL/ASSAULTIVE THOUGHTS OR BEHAVIORS:

	Current	Past
Have you ever had		
- *thoughts of hurting yourself?*		
- *thoughts of suicide?*		
- *a plan for suicide?*		
- *an attempted suicide?*		
- *thoughts of hurting someone else?*		
- *an incident of hurting someone else?*		

Has any friend / family member attempted or completed a suicide? _______________________

If so, who and when? ____

PREVIOUS COUNSELING:

Therapist	Purpose	Dates

Name: ___________________________

MEDICAL HISTORY:

Have you ever experienced a head injury? _______ If yes, describe:

Have you ever lost consciousness? ______ If yes, describe:

Have you ever had any surgeries? ______ If yes, describe:

Is there a history of mental illness in your family? If yes, describe:

MEDICATIONS: (List and the amounts, and purpose for each, and prescriber)

Other Substances:

Alcohol _______Drink(s) of choice ____________________Amount per day/week_________

Marijuana _______Amount/day/week___________
Other Drug(s) ____________________________________Amount/day/week _____________

Caffeine ______Amount/day/week _______ Tobacco _______ Amount/day/week________

Other ____

Have you ever experienced a blackout from drinking too much alcohol?
If yes, when and how often? ____

Have you ever tried to stop or reduce alcohol/ substance use? If so, what was the outcome?
____

Is there a history of alcoholism/ substance use in your family or extended family? If yes, describe:

HOSPITALIZATIONS:

Where	Purpose	Dates

Name: ______________________

TRAUMA HISTORY:

Have you ever been a victim of a crime? If so, what, when, where. Describe:

Have you ever experienced physical, emotional, sexual trauma? If so, what, when and where. Briefly describe:

LEGAL HISTORY:
Are there any past or current legal issues that relate to your current problem(s)? If yes, describe:

Are you currently involved in any divorce or child custody proceedings? If yes, explain.

STRENGTHS:
What do you consider to be your strengths?

SUPPORT SYSTEMS:
Who or what do you consider to be your support systems?

INTERESTS:
What do you enjoy doing?

When was the last time you participated in this activity?

MOTIVATION: On a scale of 0-10, "10 being the highest, how motivated are you to learn more about your own psychology and make positive behavioral changes?

WHAT WOULD BE YOUR GOALS FOR THERAPY?