

### CLIENT QUESTIONNAIRE

Name \_\_\_\_\_ Name you prefer to be called \_\_\_\_\_

Today's Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Is it OK to leave a message? \_\_\_yes \_\_\_no

Mobile Phone \_\_\_\_\_ Is it OK to leave a message? \_\_\_yes \_\_\_no

E-mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Years of school completed \_\_\_\_\_

Birthday \_\_\_\_\_ In school now? \_\_\_yes \_\_\_no

Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Employed \_\_\_full time \_\_\_part time

Work Phone \_\_\_\_\_ Is it OK to leave a message? \_\_\_yes \_\_\_no

Work Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Local person to notify in case of emergency \_\_\_\_\_

Relationship to you \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

What leads you to seek counseling/therapy at this time?

Have you ever been in counseling/therapy before? \_\_\_ When? \_\_\_\_\_ Currently? \_\_\_\_\_

With whom? \_\_\_\_\_

Have you ever had a psychiatric hospitalization? \_\_\_ (if yes) date(s) \_\_\_\_\_

Reason \_\_\_\_\_

Who referred you to me? \_\_\_\_\_ May I acknowledge the referral? \_\_\_\_\_

(Continued on next page)

Are you: \_\_\_ single \_\_\_ dating regularly \_\_\_ married/partnered \_\_\_ divorced/separated \_\_\_ widowed

**Who lived in your household when you were growing up?**

Name                      Relationship                      Occupation                      Current age                      Deceased?

---

---

---

---

---

---

**Who lives with you now?**

Name                                      Relationship                                      Occupation                                      Age

---

---

---

---

---

---

Describe any illnesses, accidents, or hospitalizations that may have made a significant change in your life.

What prescription drugs do you use, and how often do you usually use them?

---

How much alcohol do you use, and how often do you usually use it?

---

What other drugs do you use, and how often do you usually use them?

How do you see your eating habits related to your physical and emotional health?

Is there anything else you think it is important for me to know?

**Please read carefully the Psychotherapist-Client Agreement and the HIPAA Notice located in the black notebook kept in the waiting area. Please let me know if you have questions or concerns. I will ask you to sign a form indicating that you have read and understand this information. Thank you!**