

INTAKE QUESTIONNAIRE

Please complete this form to help me know you better.

Identifying Information

Name: _____ Birthdate: _____

Outpatient Therapy: Please note any previous counseling experiences

Therapist/Clinic: _____ Dates: _____

Reason: _____ Outcome: ___ Helpful ___ Not Helpful

Therapist/Clinic: _____ Dates: _____

Reason: _____ Outcome: ___ Helpful ___ Not Helpful

Inpatient Treatment/Hospitalization: Please list any psychiatric hospitalizations

Hospital: _____ Dates: _____

Reason: _____ Outcome: ___ Helpful ___ Not Helpful

Current Medication

Med: _____ Dose: _____ Since: _____ Purpose: _____ Helpful ___ Not Helpful ___

Med: _____ Dose: _____ Since: _____ Purpose: _____ Helpful ___ Not Helpful ___

Med: _____ Dose: _____ Since: _____ Purpose: _____ Helpful ___ Not Helpful ___

Prescribing Physician: _____ Over-the-Counter Meds: _____

Employment

Employer: _____ Position: _____ How long: _____

Education

College: _____ Degree/Major: _____

High School: _____ Graduated: _____

Leisure Interests/Hobbies: _____

Religious Affiliation

Church/Religion: _____ Active / Inactive (please circle)

Military History: _____

Legal History

Pending Charges: _____ Jail/Prison: _____

Arrests/Convictions: _____

Substance Use

Nicotine: ___ Yes ___ No Amount: _____ Dates: _____ Marijuana: ___ Yes ___ No Amt: _____ Dates: _____

Alcohol: Frequency: ___ Daily ___ Several Days/Week ___ Weekly ___ Amount: _____

Last Used: _____ Age of 1st Use: _____

History of Alcohol Related Health Problems/ Legal Citations:

Drugs: *Please Note Type/Frequency/Amount and Date of Last Use*

History of Drug Related Health Problems/Legal Citations:

Family History

Mother's Name: _____ Age: _____

Education Level: _____ Occupation: _____

Father's Name: _____ Age: _____

Education Level: _____ Occupation: _____

Siblings (Names and Ages): _____

Please List Any Family History of Substance Abuse, Mental Illness, Suicide, Violence, or Other:

Relationships

Current Status: _____ How Long: _____

Children (Names and Ages): _____

Stepchildren: _____

Other information you would like me to know:

