

Clinical Intake Questionnaire

The following information is needed to best help you. Please clearly print your response to each question. This will help save time in your first session. If you are unable to complete some parts, then leave them blank and you will have a chance to complete them in session. Case records are strictly confidential.

SECTION I: IDENTIFYING INFORMATION Today's Date: _____

Name _____ Date of Birth _____ Age _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

E-mail (optional) _____

Gender: F ___ M ___ Other _____

Emergency contact _____ Relationship _____

Phone _____

Who do you live with?

Name	Age	Relationship to you	Supportive? Y / N	Descriptive word

SECTION II: DESCRIPTION OF PRESENTING PROBLEM

What brought you in to therapy? Please identify what you want to work on or change in therapy: (e.g. Goals for therapy)

How long has this been a significant problem for you? *Please be specific (i.e., not "all my life").*

SECTION III: MEDICAL HISTORY

Name and location of Physician _____

Date of your last physical exam: _____

Please list any significant past or current **health, medical, or psychiatric issues** (including anything resulting in hospitalizations).

Dates Problem & Treatment Were you hospitalized (Y/N)

Have you ever experienced: (Please mark all that apply)

Emotional abuse _____ Physical abuse _____ Sexual abuse _____ Sexual assault _____

Have you, or anyone else, ever been concerned that you may have an eating disorder? Yes ___ No ___

Have you **ever had treatment by**, or are you **currently seeing**, a psychiatrist, psychologist, therapist, or counselor? Yes ___ No ___

Problem Where Therapist When? Helpful? (Y/N)

SECTION IV: MEDICATIONS AND SUBSTANCES

If applicable, please list all medications you are now taking or have taken in the past three months, **including birth control pills, vitamins, herbs and supplements.**

Medication Dosage Person prescribing How long have you been taking this? Helpful (Y/N)

If applicable, amount of **caffeinated** beverages per day: coffee _____ soda _____
 espresso _____ tea _____

If applicable, number of cigarettes smoked per day: _____
 If applicable, how often do you use marijuana per week? _____
 If applicable, how often do you use other illicit substances (what drug)? _____

Consider a typical week during the **past month**. How many drinks consumed per week _____

1 Drink = 12 oz. beer / 10 oz. microbrew / 8 oz. malt liquor 4 oz. of wine
 1 oz. of hard alcohol (regular shot glass)

If applicable, other substances used

Do you use alcohol or drugs to (check all that apply): Manage stress? _____ To relax? _____
 To change mood? _____ For sleep? _____

How often do you gamble? (please mark one response)

- Never Once a Year 2 to 3 Times a Year Every Other Month Once a Month
 2 to 3 Times a Month Weekly More Than Once a Week Every Other Day Every Day

SECTION V: FAMILY OF ORIGIN INFORMATION

	Age	Name	Occupation	Deceased (Y/N)
Parent/Guardian	_____	_____	_____	_____
Parent/Guardian	_____	_____	_____	_____
If applicable:				
Stepparent	_____	_____	_____	_____
Stepparent	_____	_____	_____	_____
Siblings	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse	_____	_____	_____	_____

If applicable:
 Children (age):

Living with you? (Y/N/Part time)

Are your parents divorced? Yes _____ No _____

Have any members of your family had problems with:

drugs ___ alcohol ___ eating disorder ___ depression ___ anxiety ___
other mental illness ___ diabetes ___ epilepsy ___

Problem	Who	Current Y / N	Past Y / N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Among your friends and family, whom do you count on for support?

Are you: Single ___ Dating ___ Married / Partnered ___ Divorced / Unpartnered ___
Widowed / a surviving partner ___

If applicable, describe your relationship with your current partner (place an X on the line below).

Major Problems	Minor problems	Satisfactory	Very satisfactory
[_____]			

How long have you been in the relationship? _____

Is there anything else you think I need to know to best assist and support you?

I look forward to working with you,

Lindsey Budd