

Intake Questionnaire

Name _____ Date _____

Phone _____ Email _____ Birthdate _____

Address _____

Age _____ Favorite Color _____ Sibling Position _____

I am interested in therapy
because _____

Previous experience with therapy, counseling, and psychiatric care:

Medical history (list hospitalizations, chronic and/or undiagnosed problems, major injuries, diseases):

Current form and frequency of exercise:

I currently/used to smoke ___ packs each _____. (Please circle and fill in, if applicable.)

Currently, I use these drugs recreationally: _____
Previously, I have used these drugs recreationally: _____

Approximate # of alcoholic drinks in an average week: _____ Caffeinated drinks: _____

Highest level of education completed/degree: _____ Occupation: _____

Recent life challenges: _____

When I am not at work or school, I am probably doing this: _____

The main people who depend on me are: _____

They depend on me for: _____

I depend on these people, for these reasons: _____

Intake Questionnaire

My strengths are:

My weaknesses are:

Please explain briefly your rating for your current level of satisfaction with:

1	2	3	4	5	6	7	8	9	10
horribly				content					extremely
dissatisfied									fulfilled

Work _____

Intimate relationship(s) _____

Personal appearance _____

Current overall health _____

Sleep _____

Eating patterns _____

Spiritual life _____

Living situation _____

What do you hope to accomplish in therapy? _____

How long do you expect to be in therapy? _____

What do you most want from your therapist _____

What would be most unhelpful to you in therapy? What doesn't work for you? _____

Top Guiding Principles or Core Values: _____
