

Patient Questionnaire/Intake - Adult

General:

Name _____ Date _____
Address _____ Home phone _____
Work phone _____ Fax _____
E-mail _____ Referred by _____
Age _____ Date of birth _____
Marital status _____ Educational level _____
Occupation _____ Names and ages of children _____

Emergency contact information (name and phone number) _____

Explanation of how patient may be contacted by therapist _____

Financial Information:

Annual household income _____ Do you own or rent? _____
How do you intend to pay for treatment? (cash, check, charge, insurance) _____
If planning to use health insurance: Therapist is not currently accepting insurance but therapist will provide a bill for client to seek reimbursement on their own.
Name of insurance company _____ N/A _____ Policy number _____ N/A _____
Group number _____ N/A _____ Telephone number _____ N/A _____

Areas of Concern:

What issues/concerns causes you to seek treatment? Please describe. _____

Do you have any specific goals with regard to your treatment? _____

Do you have any particular concerns/fears with regard to treatment? _____

Psychological History:

Have you ever received mental health treatment before? _____
When and for how long? _____

What was the focus of treatment? _____
Name of treating therapist(s), address(es), telephone number(s) _____

*Authorization for release of confidential information will be needed so that any former therapist may be contacted.

Have you ever taken one or more psychological tests? _____ If so, by whom?

Name of person(s) administered psychological tests, address(es), telephone number(s)

*Authorization for release of confidential information will be needed so that any test administrator may be contacted.

Have you ever been hospitalized for mental or emotional problems? _____
When and for how long? _____

Why were you hospitalized? _____

Name of treating therapist, address, telephone number _____

*Authorization for release of confidential information will be needed so that any former therapists may be contacted.

Are you currently taking any prescription medications? _____

Prescribed by whom? _____

How long have you been on the medications? _____

Have you ever taken any medications for a mental or emotional condition? _____

When and for how long? _____

*Authorization for release of confidential information will be needed so that health care provider may be contacted.

Do you currently self-harm? _____ If so, how often _____

Have you ever accidentally cut to deep or hurt yourself more than you intended? _____

Did you previously self-harm? _____ What helped you stop? _____

Have you ever attempted suicide? _____

When? _____

Describe the circumstances that led to that attempt. _____

Are you currently having any suicidal thoughts? Please describe _____

Please describe your childhood. _____

Were you ever subjected to verbal, physical, emotional, sexual abuse? Please describe.

Have you ever been a victim of a violent crime? Please describe _____

Medical History:

Have you ever been diagnosed with a serious illness? Please describe _____

Do you have any medical conditions that may affect your mental health treatment? _____
Please describe your overall health today. _____

Are you experiencing any medical/physical symptoms you attribute to a mental, emotional, or stress-related condition? Please describe. _____

Have you ever been in a 12-step program? Please describe. _____

Do you smoke? _____ How much? _____ For how long? _____
Do you drink alcohol? _____ On average, how much alcohol do you consume in a week? _____

Have you ever tried to cut back? _____ What happened? _____
Do you currently use drugs? Please describe your use _____

Have you ever used drugs? Please describe. _____

Family of Origin History:

Mother's name, age, living/deceased, patient's age at the time of mother's death, description of relationship with mother. _____

Father's name, age, living/deceased, patient's age at the time of father's death, description of relationship with father. _____

Names and ages of siblings. _____

Other Information:

Please tell me a little about yourself (i.e. spiritual beliefs, ethnic identification, sexual orientation, relationship status, values/beliefs). _____

Please describe your interests/hobbies _____

Are you now or have you ever been involved in a lawsuit? _____
Please describe. _____

Please feel free to include any other information that you believe is relevant to your mental health treatment, not previously requested. _____

