

NEW CLIENT QUESTIONNAIRE

Welcome to think Counseling Services! Thank you for taking a few minutes to fill out this form. The information you provide is confidential, and will be helpful for you and your counselor when you meet for the first time.

Please print form, fill out and bring to intake appointment.

Today's Date _____

Name _____

Age _____ Date of Birth ____/____/____

Address

SSN _____

Phone _____

Email (please print clearly) _____

Ethnicity _____

Where did you grow up? _____

Highest Level of Education

Occupation _____

Emergency contact person (name, relationship, phone, address).

Please describe your current living arrangement (Do you live with others?)

Have you participated in any therapy before? Y___N___ If yes, when? _____

Reason _____

Are you, currently seeing a psychiatrist, therapist, or helper? Y____ N____

Have you ever been hospitalized for psychiatric concerns?

Y____ N____

If yes, please explain—dates, where, reason:

Substance abuse / addiction history? No _____ Yes (please explain)

Legal History (arrests, prison, DWI,?)

Medical Information: Doctor's name and phone

May we send your doctor a short note, letting him / her know you've come to see us? (we do not release details other than

your name, for referral purposes) Y____ N____

Are you on any medications? Y____ N____ Please

list: _____

How can we help? Please tell us in your own words what brings you here

today _____

What are your 2 most important goals for therapy?

1.

2. _____

Family Information:

Marital Status: Single ___ Dating ___ Committed relationship ___ Engaged ___

Married ___ (how long? _____) Separated ___ (how long? _____)

Divorced ___ (how long? _____)

Spouse's Name (if applicable) _____ Age _____ Occupation _____

I would describe my **friendships** as: Close ___

Somewhat close ___ Distant ___ Conflicted ___

I would describe my relationship with my **mother** as: Close ___

Somewhat close ___ Distant ___ Conflicted ___ N/A ___

I would describe my relationship with my **father** as: Close ___

Somewhat close ___ Distant ___ Conflicted ___ N/A ___

How many siblings do you have? _____ Brother _____ Sister _____

How would you describe your relationship with them?

Crisis Information: Are you having any current suicidal thoughts?

Y _____ N _____

If yes, explain

Any current homicidal thoughts ? Y _____ N _____

If yes, explain

Any suicide attempts or self harm behavior history? Y _____ N _____

If yes, describe

Who referred you to us?

THANK YOU for taking the time to fill out this information sheet. This will be reviewed with you during your intake session.