

CONFIDENTIAL QUESTIONNAIRE

The purpose of this form is to obtain a comprehensive picture of your current circumstances. Your answering of these questions as fully and accurately as possible will facilitate the initial evaluation and make better use of our time. If there are questions on this form that you do not wish to answer, feel free to leave them blank. Please bring the completed form to the first session.

Name: _____ Date: _____

Street Address: _____ City/State/Zip: _____

May I send mail to your home address? Yes ___ No ___

Home Phone: _____ Cell Phone: _____ Preferred #: Home ___ Cell ___

May I leave a message at: Your home? Yes ___ No ___; Cell? Yes ___ No ___

Email: _____ May I send you email when necessary? Yes ___ No ___

Birthdate/Age: _____ Marital Status: _____ Occupation: _____

How did you hear about me? _____

Please briefly describe the problem(s) with which you want help:

HEALTH

How would you rate your overall health? ___ good ___ fair ___ poor ___

Date of last physical exam: _____

Please list any major accidents or illnesses (age, hospitalizations, etc.):

Please list any medications you are taking:

Check all the feelings that you often have:

- happy sad angry
 irritable/"touchy" anxious/nervous bored
 confused confident shy
 energetic guilty depressed
 worried lonely worthless

DRUG/ALCOHOL USE

How often do you drink alcoholic beverages? How much do you drink during a "normal" evening?

Do you currently use or do you have a history of illicit drug use? What type of drug(s), when, and how often?

FAMILY INFORMATION

Please list all persons currently living in your home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any previous mental health history of any family members:

Briefly describe your relationship with your mother:

Briefly describe your relationship with your father:

Briefly describe your relationship with other members of your household:
