

# Meredith Reddoch, MA, LMFT, SEP

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## Questionnaire/Intake Form

### General:

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ 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 \_\_\_\_\_  
Explanation of how patient may be contacted by therapist \_\_\_\_\_  
\_\_\_\_\_

### Financial Information:

How do you intend to pay for treatment?(cash, check, Square, Paypal)

\_\_\_\_\_

### 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) \_\_\_\_\_

\_\_\_\_\_

Have you ever been subjected to one or more psychological tests?

\_\_\_\_\_

If so, by whom? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

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?

\_\_\_\_\_

Have you ever attempted suicide? \_\_\_\_\_

When? \_\_\_\_\_

Describe the circumstances that led to that attempt.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently having any suicidal thoughts? Please describe

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Please describe your childhood.

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

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

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**Medical History**

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

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Do you have any medical conditions that may affect your mental health treatment?

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Please describe your overall health today. \_\_\_\_\_

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

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

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Do you smoke cigarettes? \_\_\_\_\_ How much? \_\_\_\_\_ For how long?

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Do you drink alcohol? \_\_\_\_\_

On average, how much alcohol do you consume in a week? \_\_\_\_\_

Do you currently any other substances? Please describe your use (marijuana, cocaine/crack, meth, hallucinogens, opiates, etc) \_\_\_\_\_

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Have you ever attended residential treatment for substance use issues? Please describe where and when:

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**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.

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

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Names and ages of siblings.

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**Other Information**

Please describe your spiritual identity/orientation. \_\_\_\_\_

Please describe your interests/hobbies. \_\_\_\_\_

Are you now or have you ever been involved in a lawsuit? \_\_\_\_\_

Please describe. \_\_\_\_\_

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

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