

Client Questionnaire

NAME: _____ **Date:** _____

This form will help us get started quickly in providing you with assistance. Please answer the following questions in order to help us get an understanding of your present situation, concerns and goals for therapy. We will be able to discuss any of these issues more fully when we meet. Feel free to skip any questions that are not applicable to your situation. You may either: fill the form out on-line and print it out **or** print out a blank form and fill it in by hand. Please bring this with you on your first visit. Thank you.

1. What are the issues or problems that are causing you to seek help at this time?
2. What goals would you like to achieve as a result of our work together?
3. What are the emotional, physical or psychological symptoms you are experiencing?
4. When did these symptoms start?
5. Was there anything else happening when the symptoms started?
6. Have symptoms changed since they first started?
7. What made you decide to seek help at this time?

14. What are some of the successes and strengths you have experienced in your life?

15. How would you know if therapy is successful?

16. What would happen if therapy is successful? Would there be a downside? Would anyone in the client's life have a problem with that?

17. Who really cared about you during your childhood, adolescence and adult years? (Friends, mentors or family members). How did that feel? Were there any subsequent disappointments?

18. Briefly describe your school experiences, including teachers and peers. What was positive and negative about that experience?

19. Please describe any hobbies, activities (yoga, meditation, alcohol or drug use) that you use to comfort yourself.

20. Is there anything else that you feel would be important for me to know that would help my understanding of your situation?