Counseling on The Alameda

Debbie Hanson, MA MFT
1885 The Alameda Suite 209 D
San Jose, CA 95126
(408) 982-6084

Client Intake Questionnaire

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 _____
How would you like to be contacted by therapist? _____
_____

Client Questionnaire/Intake 2

Financial Information: Annual household income _____
How do you intend to pay for treatment? (cash, check, charge, insurance) _____
If planning to use health insurance:
Name of insurance company _____
Policy number _____ Group number _____
Telephone number _____

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 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 taken any classes like parenting, anger management, group therapy?
_____

Client Questionnaire/Intake 3

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.
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. _____

Client Questionnaire/Intake 4

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?_____

Do you currently use illegal drugs? Please describe your use _____

_____

Have you ever used illegal 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 describe your spiritual identity/orientation. _____
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.
_____
_____
_____