

## Intake Questionnaire

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street apt # City Zip Code Phone Number

I am seeking counseling services because: \_\_\_\_\_  
\_\_\_\_\_

When did it start? How often does it happen? How does this problem affect life? \_\_\_\_\_  
\_\_\_\_\_

I have seen other counselors: \_\_\_\_\_ yes (who/where) \_\_\_\_\_ no

I have taken medication for mental health challenges: \_\_\_\_\_ yes (what) \_\_\_\_\_ no

I have been seen at Community Mental Health (CMH): \_\_\_\_\_ yes (where) \_\_\_\_\_ no

Trauma (head injury, childhood abuse, domestic violence) in your past? \_\_\_\_\_ yes \_\_\_\_\_ no

List them briefly: \_\_\_\_\_  
\_\_\_\_\_

Mental illness or substance abuse in your family? \_\_\_\_\_ yes \_\_\_\_\_ no

Who / what: \_\_\_\_\_  
\_\_\_\_\_

Do you have any medical conditions? \_\_\_\_\_ yes \_\_\_\_\_ no

List current medications. Dosage, how often you take it and the prescriber for each medication.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supplements: \_\_\_\_\_  
\_\_\_\_\_

How do you sleep? \_\_\_\_\_

How's the health of your diet? \_\_\_\_\_

Are you physically active on a regular basis? \_\_\_\_\_

Are you aware of any delays in your childhood development? \_\_\_\_\_ yes \_\_\_\_\_ no

(Walking, talking, potty training, socializing, delivery complications, other) \_\_\_\_\_

What is the highest level of education you have completed? \_\_\_\_\_

Were you ever in Special Education or held back a grade? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you have a medical marijuana card? \_\_\_\_\_ yes \_\_\_\_\_ no

History of alcohol/drug problems in your family? \_\_\_\_\_ yes \_\_\_\_\_ no

Substance use in the past? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you in Recovery from Drugs or Alcohol? \_\_\_\_\_ yes \_\_\_\_\_ no

Please list all individuals you consider to be a part of your family and what your relationship is like with them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was life like as you were growing up, both at home and in school? \_\_\_\_\_  
\_\_\_\_\_

What were your friends like when you were younger? \_\_\_\_\_  
\_\_\_\_\_

I am (please circle) Married Cohabiting Single Widowed Divorced In a relationship  
That person's name is : \_\_\_\_\_ We have been together: \_\_\_\_\_ years \_\_\_\_\_ months

I have \_\_\_\_\_ children and their names and ages are: \_\_\_\_\_  
\_\_\_\_\_

Are you involved in any volunteer or social groups? \_\_\_\_\_yes \_\_\_\_\_no  
If yes please list: \_\_\_\_\_

For relaxation or for fun I enjoy: \_\_\_\_\_  
\_\_\_\_\_

Do you receive Disability, if so, since when? \_\_\_\_\_yes (date) \_\_\_\_\_no

I have filed for State and or Social Security. \_\_\_\_\_yes \_\_\_\_\_no

If you have worked in the past 2 years, please list your employers.  
\_\_\_\_\_  
\_\_\_\_\_

I am a veteran of the Armed Services. \_\_\_\_\_yes (service) \_\_\_\_\_no

Please list any current legal or CPS history (police, restraining orders, domestic violence, PPO's, jail, custody): \_\_\_\_\_  
\_\_\_\_\_

What strengths and abilities are you bringing to sessions: \_\_\_\_\_  
\_\_\_\_\_

What needs or preferences do you have that will help us be successful? \_\_\_\_\_  
\_\_\_\_\_

What else is important to know that will help make our time more effective? \_\_\_\_\_  
\_\_\_\_\_

Signature

Date