

This questionnaire will give me insight on what we might focus on during our time together. It's ok if you don't answer every question, or if you would rather just go over this together at our first session. Feel free to provide information I have not asked about. Please use extra paper as needed.

Name:

Date:

Date of Birth:

Why are you seeking counseling services at this time?

Briefly describe your social relationships (who you live with, if you have a significant other or children, if you live with others, etc) and the quality of those relationships.

Were you ever frightened as a child (yelled at, hit, molested, etc)? Or, did your parents or caregivers ever act in ways that were frightening? If yes, please elaborate briefly.

Have you ever been in a relationship that was controlling, violent, abusive or scary? If yes, please elaborate briefly.

What is your current employment status? If employed please elaborate briefly on the nature of your work, and how you feel about it.

What is your highest level of education?

When was the last time you saw a medical doctor?

Please describe your current diet.

Do you exercise, and how often?

Do you use tobacco products, illegal substances, or take prescription drugs for non-medical reasons? If yes, please elaborate including average weekly use, and indicate if you wish to cut back on your use.

Have you ever been arrested? If yes, have you ever been to jail or prison?

Do you gamble (this includes lottery tickets) and do you ever feel concerned about it?

Finally, please outline a brief family history that you think is relevant for our work together.