CLIENT INTAKE QUESTIONNAIRE

**For children under 13, a parent or guardian may complete this form on behalf of the child, if necessary or desired.*

Client Name_____ Date_____

Parent/Guardian(s) Name_____

Client Gender: Male / Female Date of Birth___/___/_____

Address _____ City_____ Zip Code _____

Preferred Phone _____ Cell Phone _____Work Phone _____

Email Address _____

Client (or parent/guardian) Occupation _____ Employer/School _____

Marital Status (of parents, if client is under 18)_____ Years Married/Together _____

EMERGENCY CONTACT: Name_____ Phone Number _____

OTHERS IN HOUSEHOLD:

Spouse/Partner_____ Last_____ Date of Birth _____

Name _____Age _____ Relationship _____

Name _____Age _____ Relationship _____

Name _____Age _____ Relationship_____

Who may I thank for referring you to me for counseling?_____

Religious or Spiritual Preference (optional)_____

1. What are your main reasons for seeking counseling at this time?

2. Please list any specific goals you would like to achieve through counseling:

3. Please describe any significant problems or stressors you are experiencing and for how long:

   a. Mental or Emotional:

b. Family Relationships

c. Work or School:

d. Health:

e. Legal Concerns

f. Financial Pressures:

4. Are you concerned with your or a family member's use of alcohol or drugs? Please explain.

5. Are you concerned about your (or a family member's) physical safety? Please explain.

6. **FAMILY HISTORY**: Please check the following problems that have occurred and note if occurred in: **a**) your immediate family, **b**) the family you grew up in, **c**) other relatives, or **d**) yourself.

☐ Substance abuse (alcoholism, drug abuse)	☐ Mental Illness
☐ Other addictions	☐ Infidelity
☐ Sexual abuse	☐ Physical Abuse
☐ Mental or emotional abuse	☐ Anxiety/Excessive Worrying
☐ Depression	☐ Divorce
☐ Suicide or attempted suicide	☐ Eating Disorders

7. **Please list all medications you are taking as well as the dosages and the condition being treated:**

MEDICATION	CONDITION	DOSE	How Often	When Started

8. Please share any other relevant information as needed: