



## Client Questionnaire

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Preferred Pronoun(s): \_\_\_\_\_  
Relationship Status: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ May I leave a message?  Yes  No  
Email: \_\_\_\_\_ May I leave an email?  Yes  No

### Emergency Contact Information

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ May I leave a message?  Yes  No  
Relationship to you: \_\_\_\_\_

### Family/Life/Initial Therapeutic Needs

Family/household members/ages: \_\_\_\_\_  
\_\_\_\_\_

Current living situation: \_\_\_\_\_  
\_\_\_\_\_

Employment, school and life responsibilities. Please include Military Service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what brought you here today (goals, concerns, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current and Historical Health**

Medical and health concerns (including current medications): \_\_\_\_\_

\_\_\_\_\_

Previous counseling or therapy (medications?): \_\_\_\_\_

\_\_\_\_\_

List any current treatment providers (including Primary Care Physician): \_\_\_\_\_

\_\_\_\_\_

Substance use:  yes  no If yes, what kind and how much and frequency of use:

\_\_\_\_\_

Any current legal issues (divorce, custody, crime, victim of crime, etc.): \_\_\_\_\_

\_\_\_\_\_

Domestic violence:  yes  no Please provide more information you want me to know: \_\_\_\_\_

\_\_\_\_\_

Childhood trauma, including abuse/neglect:  yes  no Please provide more information you want me to know: \_\_\_\_\_

\_\_\_\_\_

Harmed self?  yes  no Harmed others?  yes  no  
Suicidal thoughts?  yes  no Past attempts?  yes  no  
If yes to any of above please briefly describe and includes dates: \_\_\_\_\_

\_\_\_\_\_

Other pertinent family dynamics, cultural and/or religious practices: \_\_\_\_\_

\_\_\_\_\_

**Additional Information**

Please provide any additional that will assist in our therapeutic relationship.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_