Compassionate Therapy

New Client Questionnaire

Personal Information:

Name _____

Gender_____ Age _____ Date of Birth _____

Phone (cell/work)_____ (Home)_____

May I contact you and leave messages at one or both of these phone numbers? _____Yes _____ No

May I contact you via text message to your cell phone? _____Yes _____No

Address_____, City_____

State_____ Zip _____, Email_____

May I mail you at this address _____Yes _____No; May I email you? _____Yes _____No

Emergency Contact _____ Phone _____

Relationship to you _____

Relationship Status _____ How long in relationship?_____

Children, if any, ages, and names _____

Others living in the home_____

Occupation_____ Employer_____

How long have you worked there? _____ How long in this occupation?_____

Education:

What is the highest level of education you have attained? _____

Are you currently in school? _____ Yes _____ No

If you are in college, what are you studying? _____

If you have not yet completed high school, what grade are you in now? _____

History in Therapy:

Have you been in therapy before? If so, when and on what issues did you focus? Whom did you see?

_____

_____

_____

_____

What caused you to seek therapy at this time?

_____

_____

_____

On what would you like to focus in therapy?

_____

_____

_____

Assuming that you achieved your goals for coming to therapy, what would some of your gains look like or be?

_____

_____

_____

Medical Information:

Are you taking any medication(s) at this time? _____

What medications are you taking and what do they treat?

_____

Are you taking any psychiatric medication(s) at this time? If so, please list dosages and what each one treats.

_____

_____

How long? _____

Have you suffered any major illness or injury (such as car accidents, head injuries, concussions, falls, etc.) in the past 10 years? _____ If so, what (please be specific and include dates)?_____

_____

_____

Primary Physician and Contact Information_____

List any significant health issues, if any:

_____

_____

Legal and Illegal Substance Use Information:

Have you ever been treated for drug or alcohol abuse? _____ When and in what manner?

_____

Do you currently use illegal drugs? _____ What are you using and how much/often?

_____

Do you drink alcohol? _____ If yes, how much and how often do you drink?

_____

If you are not currently using drugs or drinking alcohol, have you done so in the past 10 years? Yes/No

If yes, what substance was it? _____

Referral Source:

How were you referred to me? _____

If it was on the internet, what search engine and phrases did you use?

_____

Have you visited my website? _____ Yes _____No

If so, was it helpful? _____ Yes _____No How so? _____

Financially Responsible Person's Information:

Name_____ Relationship to Client_____

Phone (if different from above) _____

Address (if different from above) _____

If you carry TriWest Insurance, please include the social security number of the insured:_____

If you carry Medicare, please include your Medicare number: _____