

Questionnaire

What brings you to counseling at this time? Is there something specific, such as a particular event? Be as detailed as you can.

What are your goals for counseling?

Have you seen a mental health professional before?

- Yes
- No

List all medications you are currently taking for depression, anxiety, sleep or pain.

If taking prescription medication, who is your prescribing MD?

Who is your primary care physician? Please include type of MD, name and phone number.

Do you drink alcohol?

- Yes
- No

Do you use recreational drugs?

- Yes
- No

Do you have suicidal thoughts?

- Yes
- No

Have you ever attempted suicide?

- Yes
- No

Do you have thoughts or urges to harm others?

- Yes
- No

Have you ever been hospitalized for a psychiatric issue?

- Yes
- No

Is there a history of mental illness in your family?

Yes

No

If you are in a relationship, please describe the nature of the relationship and months or years together.

Describe your current living situation. Please list all adults and children in your household and their ages.

What is your level of education? Highest grade/degree and type of degree.

What is your current occupation? What do you do? How long have you been doing it?

Please check any of the following you have experienced in the past six months

- Increased appetite
- Decreased appetite
- Trouble concentrating
- Difficulty sleeping
- Excessive sleep
- Low motivation
- Isolation from others
- Fatigue/low energy
- Low self-esteem
- Depressed mood
- Tearful or crying spells
- Anxiety
- Feary
- Hopelessness
- Panic
- Other

Please check any of the following that apply

- Headache
- High blood pressure
- Gastritis or esophagitis
- Hormone-related problems
- Head injury
- Angina or chest pain
- Irritable bowel
- Chronic pain
- Loss of consciousness
- Heart attack
- Bone or joint problems
- Seizures
- Kidney-related issues
- Chronic fatigue
- Dizziness
- Faintness
- Heart valve problems
- Urinary tract problems
- Fibromyalgia
- Numbness & tingling
- Shortness of breath
- Diabetes
- Hepatitis
- Asthma
- Arthritis
- Thyroid issues
- AIDS
- Cancer
- Other

What deaths or other losses/tragedies have you experienced in the last year? In recent years?

What else is important for me to know?

How did you learn about me?