Case Number: _____

New Client Questionnaire

Client Name: _____Date: _____

Instructions: Answer the following questions by checking the appropriate blocks and filling in the appropriate blanks. On some questions no answers will apply so check off "Does not apply." Some questions will have more than one appropriate answer so check all that apply. Circle the question if you definitely want to discuss it further this therapist. If you need more room use the remarks section on the last page noting the question number.

A. Chief Concern(s):

1. Check any of the following issues that currently affect **you**, **AND/OR, an immediate family member**:

↓me	family mbr↓	↓me	family mbr↓	↓me	family mbr↓	↓me	family mbr↓
☐ Depression	☐	☐ Pre-marital issues	☐	☐ Divorce / separation	☐	☐ Behavioral problem	☐
☐ Suicidal thinking	☐	☐ Relationship issues	☐	☐ Abuse issues	☐	☐ Legal problems	☐
☐ Grief issues	☐	☐ Marital problems	☐	☐ Alcohol problems	☐	☐ Work problems	☐
☐ Anxiety / tension	☐	☐ Sexual issues	☐	☐ Drug problems	☐	☐ School problems	☐
☐ Stress problems	☐	☐ Parenting issues	☐	☐ Medical concerns	☐	☐ Financial stresses	☐
☐ Anger problems	☐	☐ In-law problems	☐	☐ Pain problems	☐	☐ _____	☐

2. Please describe in your own words the primary issue(s) for which you are seeking counseling: _____

_____

_____

3. How long has the current problem existed? _____

4. How frequently does the problem occur?
☐Rarely ☐Occasionally ☐Weekly ☐Daily ☐Most of the time ☐Continuously

5. Please describe your specific objectives. (In other words, how will things be different when counseling is successfully completed?) _____

_____

B. Current Problem Description (This section will give us a better understanding of your current problem.):

1. Please check which **behaviors** recently apply to you:			☐Eating problems	☐Self-neglect
☐Frequent crying	☐Lack of Energy	☐Withdrawing	☐Sleep problems	☐Indecisiveness
☐Hyperactive behavior	☐Temper outbursts	☐Arguing / Irritability	☐Irresponsibility	☐Working too much
☐Unassertiveness	☐Drink too much	☐Drug abuse	☐Have no/few friends	☐_____
2. Please check which **feelings** recently apply to you:			☐Angry	☐Happy
☐Restless	☐Nervous	☐Helpless	☐Optimistic	☐Ashamed
☐Guilty	☐Bored	☐Depressed	☐Inferior	☐Excited
☐Energetic	☐Unreal	☐Unhappy	☐Sad	☐Hopeless
☐Content	☐Panicky	☐Unattractive	☐Irritable	☐Annoyed
☐Confused	☐Lonely	☐Fearful	☐Relaxed	☐Jealous
☐Moody	☐Stressed	☐Worthless	☐Empty	☐Unmotivated
☐Mistrustful	☐Like a failure	☐Hopeful	☐_____	☐_____
3. Please check which **physical symptoms** recently apply to you:			☐Headaches	☐Dizziness
☐Twitches / spasms	☐Back pain	☐Tremors / shakiness	☐Fainting spells	☐Loss of sex drive
☐Stomachaches	☐Tiredness	☐Rapid heart beat	☐Black outs	☐Excessive sweating
☐Racing thoughts	☐Memory problems	☐Heart pounding	☐Can't concentrate	☐Appetite change
☐Numbness / tingling	☐Dry mouth	☐Chest pains	☐Overly tense	☐_____

C. Current Family / Relationship Information

1. Check the one box to the left that best reflects your current relationship status; answer the other questions on that line as indicated; and indicate the total number of children from this relationship in the appropriate box to the right. ⬇

☐Never married and not currently in a serious relationship ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ☐

☐Never married but in a serious relationship⇨ ⇨ ⇨ ⇨ ⇨ ⇨ How long? _____ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ☐

☐Currently married and living with my spouse ⇨ ⇨ ⇨ ⇨ ⇨ How long? _____ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ☐

☐Currently married but separated from my spouse⇨ ⇨ ⇨ ⇨ How long? _____ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ☐

☐Currently divorced & single ⇨ ⇨ How long? _____ ⇨ ⇨ In a serious relationship now? ☐No ☐Yes ⇨ ⇨ ☐

☐Currently widowed & single ⇨ ⇨ When did spouse die? _____ ⇨ ⇨ ⇨ Length of marriage: _____ ⇨ ⇨ ☐

2. Have you been married before?

☐No ☐Yes: ⇨ ⇨ ⇨ How many times? _____ ⇨ ⇨ ⇨ Dates: _____ ⇨ ⇨ ⇨ ☐

3. Describe the relationship between you & your current partner. (Check all that apply.)

☐Does not apply	☐Happy	☐Indifferent / distant	☐Domineering / submissive	☐Emotionally abusive
☐Ideal	☐Close	☐Hot and cold	☐Full of conflict	☐Physically abusive
☐Loving / affectionate	☐Reserved	☐Cold	☐Hostile / critical	☐Other:_____

4. Describe your partner. (Check all that apply.)

☐Does not apply	☐Happy	☐Enjoyable	☐Indifferent / distant	☐Argumentative
☐Perfect	☐Stimulating	☐Unhappy	☐Uncaring	☐Emotionally abusive
☐Loving / affectionate	☐Understanding	☐Tense	☐Unforgiving	☐Physically abusive
☐Warm	☐Attractive	☐Boring	☐Rigid / stubborn	☐Other:_____

5. Is your sexual relationship satisfying? ☐Does not apply ☐Yes, very ☐Yes, somewhat ☐No

6. Is the frequency of sex a problem? ☐Does not apply ☐No ☐Yes, too frequent ☐Yes, too infrequent

7. Does your partner complain about sex? ☐Does not apply ☐No ☐Yes

8. How well do you feel your partner fulfills his / her role with you?

☐Does not apply ☐Very well ☐Fairly well ☐Poorly ☐Very poorly

9. How often, on average, do you and your partner argue?

☐Does not apply	☐Rarely	☐Once a week	☐Daily
☐Never	☐Once a month	☐Several times a week	☐Several times a day

10. What do you and your partner argue about? (Check all that apply.)

☐Does not apply	☐Discipline of children	☐Relatives interfering	☐Drinking / Drug abuse
☐Money	☐Jealousy	☐Not being a good provider	☐Never argue
☐Sex	☐Religion	☐Not taking care of home	☐Other: _____

11. How would you describe the impact that religion has within your current relationship / family?

☐No influence whatever ☐Minimal, eg Sundays only ☐Moderate influence ☐Dominates our life ☐Other: _____

12. Are you currently having difficulty managing your child(ren's) behavior?

☐Does not apply ☐No ☐Yes, somewhat ☐Yes, a major problem

13. Has your relationship ever been threatened by an affair?

☐Does not apply ☐No ☐Yes, partner's affair ☐Yes, my affair ☐Yes, both our affairs

D. Family of Origin Information

1. Who primarily raised you? ☐Birth parents ☐Mother only ☐Father only
☐Father & stepmother ☐Mother & stepfather ☐Adoptive parents ☐Foster parents ☐Other relatives
☐Institutional caretakers ☐Other: _____

2. How many brothers & sisters did you have? _____

3. What was your order in birth? ☐ Only Child ☐Youngest ☐Middle ☐ Oldest

4. Indicate **both** of your parent's (caretaker's) occupations:

↓mother	father↓	↓mother	father↓	↓mother	father↓	↓mother	father↓
☐ Homemaker	☐	☐ Office worker	☐	☐ Executive	☐	☐ Disabled	☐
☐ Professional	☐	☐ Salesperson	☐	☐ Military service	☐	☐ Unemployed	☐
☐ Business owner	☐	☐ Skilled	☐	☐ Government service	☐	☐ Does not apply	☐
☐ Skilled craftsperson	☐	☐ Unskilled	☐	☐ Personal Service, eg, barber	☐	☐ _____	☐

5. Did your family experience financial problems? ☐No ☐Occasionally ☐Often

6. Rate your family's economic status during your childhood and adolescence?
☐Poverty level(on welfare) ☐Working class ☐Middle class ☐Upper middle class ☐Wealthy

7. How would you describe the impact that religion had within your family of origin?
☐No influence whatever ☐Minimal, eg. Sundays only ☐Moderate influence ☐Dominated our life ☐Other: _____

8. Please describe your parents' (or parental caretakers') relationship with each other. (Check all that apply.)
☐Close ☐Cold ☐Ideal ☐Violent ☐Indifferent
☐Full of conflict ☐Hot and cold ☐Reserved ☐Distant ☐Happy
☐Domineering /submissive ☐Loving ☐Hostile ☐Other: _____

9. Describe the relationship that **both** of your parent's (caretaker's) had with you. (Check all that apply.)

↓mother	father↓	↓mother	father↓	↓mother	father↓	↓mother	father↓
☐ Warm	☐	☐ Uncaring	☐	☐ Strict	☐	☐ Unpleasant	☐
☐ Distant	☐	☐ Rejecting	☐	☐ Over protective	☐	☐ Domineering	☐
☐ Physically abusive	☐	☐ Emotionally abusive	☐	☐ Neglectful	☐	☐ Faultfinding / critical	☐
☐ Understanding	☐	☐ Perfect	☐	☐ Affectionate	☐	☐ Absent	☐

10. Describe **each** of your parent's (caretaker's) method of discipline.

↓mother	father↓	↓mother	father↓	↓mother	father↓	↓mother	father↓
☐ Fair	☐	☐ Fairly strict	☐	☐ Strict	☐	☐ Abusive	☐
☐ Lenient	☐	☐ Inconsistent	☐	☐ Did not discipline	☐	☐ Does not apply	☐

11. How would you describe your childhood? (Check all that apply.)
☐Happy ☐Scary ☐Unhappy ☐Boring ☐Painful
☐Secure ☐Unpredictable ☐Regimented ☐Hard to remember ☐Other:_____

12. How would you describe yourself as a child? (Check all that apply.)
☐Outgoing ☐Active ☐Nervous / insecure ☐Unhappy ☐Angry
☐Self-confident ☐Inquisitive ☐Moody / emotional ☐Stubborn ☐Aggressive
☐Happy ☐Athletic ☐Awkward / shy ☐Hyperactive ☐Rebellious
☐Friendly ☐Quiet ☐Temperamental ☐Irresponsible ☐Other:_____

13. What were problems for you as a child (Between ages of 0 to 12)? (Check all that apply.)
☐Had no problems ☐Bedwetting ☐Nightmares ☐Nerves ☐Physical/medical probs.
Didn't get along with: ☐Mother ☐Father ☐Step-parent ☐Sibling ☐Peers ☐Teachers
☐Academic ☐Unattractiveness ☐Socially inept ☐Overweight ☐Underweight
☐Was burden to parents ☐Insecure ☐Oversensitive ☐Other:_____

E. Medical & Psychiatric Information:

1. Do you currently have a primary physician? ☐ No ☐ Yes

Name:	Tel. Number:

Street / P.O. Box:	City:	Zip Code:

2. Are you currently being seen by a psychiatrist? ☐ No ☐ Yes

Name:	Tel. Number:

Street / P.O. Box:	City:	Zip Code:

3. How would you currently rate your current level of health?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very poor

4. Are there any serious health problems / disabilities / accidents (current, recent, or past) that we should know about and/or discuss? ☐ No ☐ Yes If yes: _____

_____

5. What medications are you currently prescribed?

Medication	Taken For	Date Begun	Dosage	Frequency	Prescribing Doctor

6. Have you received counseling in the past? ☐ No ☐ Yes ⇨ ⇨ ⇨ complete the following:

When?	Type of Counseling?						Setting?		Name of Provider / Facility	Was it helpful?	
	Individual	Marital	Family	Alcohol Abuse	Substance Abuse	Other	Out Patient	In Patient		Yes	No
	☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐		☐	☐
	☐	☐	☐	☐	☐	☐	☐	☐		☐	☐

7. Have any close family members ever been suicidal or experienced a mental illness? (Check all that apply.)

☐ No ☐ Mother ☐ Father ☐ Spouse

☐ Grandparent ☐ Sibling ☐ Stepparent ☐ Other _____

8. Have you had any recent thoughts about harming yourself or committing suicide? ☐ No ☐ Yes

9. Have you ever attempted suicide? ☐ No ☐ Yes

10. Have you had any recent thoughts about, or have recently harmed, anyone else? ☐ No ☐ Yes

F. Psychological / Sexual Information

1. How would you describe yourself? (Check all that apply.)

☐Quiet	☐Active	☐Wild	☐Smart	☐Serious
☐Outgoing	☐Aggressive	☐Carefree	☐Impatient	☐Unassertive
☐Talkative	☐Temperamental	☐Easygoing	☐Responsible	☐Stubborn
☐Shy	☐Self-confident	☐Friendly	☐Rebellious	☐Other:_____

2. Which of the following have you experienced in the last two years? (Check all that apply.)

☐None	☐Death of spouse / partner	☐Business readjustment	☐Change to a different line of work
☐Divorce	☐Death of close family mbr	☐Fired at work	☐Change in financial state
☐Marital separation	☐Death of close friend	☐Retirement	☐More or less arguments with partner
☐Marital reconciliation	☐Pregnancy	☐Jail term	☐Gain of a new family member
☐Marriage	☐Sexual problems	☐Personal illness/injury	☐Change in health of family member

3. Have you ever been sexually abused as a child / adolescent by a relative / caretaker? ☐No ☐Unsure ☐Yes

4. Have you ever been sexually assaulted / raped? ☐No ☐Unsure ☐Yes

G. Alcohol / Drug History

1. Indicate which of the following substances you have used **within the last six months, AND,** of those substances, also indicate which are your **preferred substance(s) currently**. (Check all that apply.)

↓in 6 mos.	preferred↓	↓in 6 mos.	preferred↓	↓in 6 mos.	preferred↓	↓in 6 mos.	preferred↓
☐ Tobacco products	☐	☐ Marijuana	☐	☐ Inhalants	☐	☐ Unprescribed tranquilizers	☐
☐ Beer	☐	☐ Ecstasy	☐	☐ Crack	☐	☐ Unprescribed pain meds	☐
☐ Wine	☐	☐ Hallucinogenics	☐	☐ Cocaine	☐	☐ Other unprescribed meds	☐
☐ Mixed drinks	☐	☐ Amphetamines	☐	☐ Heroin	☐	☐ None	☐
☐ Hard liquor	☐	☐ Barbiturates	☐	☐ Opiates	☐	☐ _____	☐

2. For the **preferred** substance(s) checked above, how much do you consume each week on average?

3. Do you feel that your use of alcohol or drugs causes a problem for you? ☐No ☐Yes

4. Does anyone close to you (e.g., family member, co-worker, friend) feel that your use of alcohol or drugs is a problem? ☐No ☐Yes

5. In your opinion, has anyone close ever had a problem with alcohol / other substance? (Check all that apply.)

☐No	☐Past partner	☐Current Partner	☐Mother	☐Father
☐Biologic grandparent	☐Sibling(s)	☐Stepparent	☐Child(ren)	☐Other _____

H. Legal History

1. Have you ever had legal problems? (Check all that apply.)

☐No ☐Civil (e.g. being sued) ☐Arrested ☐Conviction with probation ☐Conviction with jail time

If yes, please describe: _____

2. Has anyone close to you had legal problems? (Check all that apply.)

☐No	☐Mother	☐Father	☐Stepparent	☐Sibling
☐Spouse	☐Ex-spouse	☐Child(ren)	☐Other: _____	

If yes, please describe: _____

I. Educational History

1. Indicate how far you went in school by circling the highest grade / level completed.

1 2 3 4 5 6 7 8 9 10 11 12 GED | Graduated High School | Voc./bus training | 13 14 15 16 | Graduated college | Graduate courses | Master's degree | Doctoral degree

2. How would you rate your intellectual ability?

☐Average ☐Above average ☐Superior / gifted ☐Below average

3. In general what grades did you make in school?

☐Mostly A's ☐Mostly B's and A's ☐Mostly C's ☐Many D's and F's

4. Did you have any significant problems in school? ☐No ☐Yes ⇨⇨ Describe: _____

J. Economic / Employment History

1. What is your family's primary source of income?

☐My earnings ☐Partner's earnings ☐Both of our earnings ☐Relatives support us ☐Disability

2. Are you presently employed?

☐Yes, part time ☐Yes, full time ☐Yes, hold more than 1 job ☐No

3. Indicate the kind of work you do. (Check all that apply.)

☐ Homemaker	☐ Office worker	☐ Executive	☐ Disabled
☐ Professional	☐ Salesperson	☐ Military service	☐ Unemployed
☐ Business owner	☐ Skilled laborer	☐ Government service	☐ _____
☐ Skilled craftsperson	☐ Unskilled worker	☐ Personal service, eg, barber	☐ _____

4. How long have you been working at your current primary job?

☐Does not apply ☐6 months to 1 year ☐Three to five years ☐Ten to twenty years

☐Less than six months ☐One to three years ☐Five to ten years ☐More than twenty years

5. In general, how much do you enjoy your work?

☐Does not apply ☐It's enjoyable ☐It's a job / neutral ☐I don't enjoy it

6. Do you currently have, or have you had in the past, any significant problems at work?

☐No ☐Yes ⇨⇨ Describe:

K. Military History

1. Have you ever served in the military? ☐Yes ☐No ⇨⇨ Skip the remainder of this section and go to last item.

2. What kind of problems, if any, did you experience while in the military? (Check all that apply.)

☐Had no problems	☐Nerves	☐Didn't progress in job specialty	☐Received Article 15
☐Dealing with rules / regs.	☐Began using drugs	☐Went AWOL	☐Was Court Martialed
☐Taking orders	☐Began drinking to excess	☐Received formal reprimand	☐Did time in stockade / brig

3. Did you ever serve in a combat zone? ☐No ☐Yes ⇨⇨ How long? _____

4 What kind of Discharge did you receive?

☐Does not apply ☐General ☐Medical - physical ☐Dishonorable

☐Honorable ☐Administrative ☐Medical - psychiatric

L. Is there any other information not included above that you feel I should know about? ☐No ☐Yes⬇

_____

_____

_____

_____