

New Client Questionnaire

Name: _____ Date: _____

Address: _____

DOB: _____ Telephone Number: _____

May I Leave a Message for You at that Number? Yes No

Emergency Contact (family member or physician):

Telephone Number: _____

Marital/Relationship Status: _____

Why are you seeking treatment at this time?

What do you see as your main psychological/emotional issues?

Are you now or have you ever taken any psychiatric medications? If so, please set forth the dosage and length of time you've been taking this medication.

Have you had any prior psychotherapy or counseling? If so, for how long? Was it helpful to you? How and why did it come to an end?

Do you have any medical conditions I need to know about? Please describe them.

Please provide me with any family history/background you consider relevant to your current issues.

Do you consider yourself religious or spiritual? If so, briefly describe the nature of your beliefs.
