

INTAKE INTERVIEW QUESTIONS:

The following questions may help me to better assist you in the counseling process. If for any reason, you do not want to answer the questions, you do not have to. You may leave any question blank. During the course of therapy, I may ask follow up questions based on your answers. Again these questions and the answers you provide may likely increase my ability to be helpful.

Client Name: _____ Date: _____

Age: _____

In your own words, why are you seeking counseling at this time?

Have you had counseling in the past? _____ Yes _____ No

Who did you see? _____

Approximate dates: _____

Was it a good experience? _____ Yes _____ No

Why or why not? _____

Please list any medications you are currently taking:

Have you ever gone to the hospital for mental health reasons? _____ Yes _____ No

Have you ever gone to the hospital for substance abuse reasons: _____ Yes _____ No

Approximate dates: _____

Where did you go? _____

In your own words, what do you hope to gain from being in counseling?

What do you see as your strengths? (for couples, please also identify relationship strengths).

If you or any of your family has a history of any of the following, please indicate and *briefly* describe:

Health problems:

Mental health problems:

Substance abuse problems:

History of abuse (physical, emotional, or sexual):

Legal problems:

Economic problems:

Occupational problems:

Housing problems:

Thank you for taking the time to complete this form. We can talk about your reactions and any concerns in our next session.