

Client Questionnaire

Client Name: _____

Date: _____

PLEASE PRINT

1. Why are you coming for counseling? (Briefly describe specific issues or problems).

2. Have you ever been in counseling before?

Yes No

At another clinic?

Yes No

If yes, where?:

3. Do you have any medical problems?

Yes No

If yes, they are:

4. Do you have a Primary Care Physician?

Yes No

If so, Physician's name?

5. Are you taking any medications?

Yes No

Prescription Name	Dose	Prescribing Physician

6. During the past 6 months, how many times have you:

- Seen a doctor? _____
- Been hospitalized? _____
- Used emergency medical services? _____
- Used outpatient services? _____
- Used counseling services? _____
- Used other medical resources? _____

7. Have you had any problems with alcohol or drug use?

Yes No

8. Have any family members suffered from alcohol or drug problems?

Yes No Not sure

If yes, who?

9. Has anyone in your family suffered from emotional problems?

Yes No Not sure

If yes, who?

10. Have you ever been the victim of physical abuse?

Yes No Not sure

If yes, by whom?

11. Have you ever been the victim of sexual abuse?

Yes No Not sure

If yes, by whom?

12. Are you a veteran?

Yes No

13. Have you ever been charged with a crime?

Yes No

14. Do you ever have suicidal thoughts?

Yes No

15. Do you suspect you have an eating problem?

Yes No

16. Do you have any spiritual or religious concerns?

Yes No

If yes, they are:

17. Outside of counseling, do you have anyone to whom you can turn in times of crisis?

Yes No

If yes, who?

18. What strengths and/or experiences do you have to assist you?



19. Is your participation in counseling a requirement of another agency?

Yes No

If yes, which agency?

20. Are you employed?

Yes No

If so, by whom?:

21. How many days in this past month have you:

Been absent from school/work? _____

Been late to school/work? _____

Felt your school/work activity was severely limited? _____

Spent in jail/state corrections system? _____

22. What is the highest grade of schooling you have completed?

23. How good is your relationship with your: *(Circle one for each)*

Boss or school principal?

VERY POOR POOR FAIR GOOD EXCELLENT

Partner?

VERY POOR POOR FAIR GOOD EXCELLENT

Children?

VERY POOR POOR FAIR GOOD EXCELLENT

Parents?

VERY POOR POOR FAIR GOOD EXCELLENT

Siblings?

VERY POOR POOR FAIR GOOD EXCELLENT

Family Information

Current marriage

Date of marriage: _____

Spouse's Name: _____

Spouse's Occupation: _____

Child(ren):

Name	Age	Physical Placement	School

Previous marriage, if any

Date of marriage: _____

Date marriage ended: _____

Marriage ended by: Death Divorce

Former spouse's name: _____

Former spouse's occupation: _____

Child(ren):

Name	Age	Physical Placement	School

Previous marriage, if any

Date of marriage: _____

Date marriage ended: _____

Marriage ended by: Death Divorce

Former spouse's name: _____

Former spouse's occupation: _____

Child(ren):

Name	Age	Physical Placement	School

Family in which you grew up:

Name	Current Age	Occupation
Father _____		
Mother _____		
Siblings _____		