# Client Intake Questionnaire

Please fill in the information below and bring it with you to your first session or email it to wisnumeier@inwardjourneycousneling.com. The information provided on this form is protected as confidential information.

**Personal Information**

Name:_____ Date: _____

Parent/Legal Guardian (if under 18): _____

Address: _____

Home Phone: _____ May we leave a message? □ Yes □ No

Cell/Work/Other Phone: _____ May we leave a message? □ Yes □ No

Email: _____ May we leave a message? □ Yes □ No
**Please note: Email correspondence is not considered to be a confidential medium of communication.*

DOB: _____ Age: _____ Gender: _____

Martial Status:

□ Never Married □ Domestic Partnership □ Married
□ Separated □ Divorced □ Widowed

Referred By (if any): _____

**History**

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?

□ No □ Yes, previous therapist/practitioner: _____

Are you currently taking any prescription medication? □ Yes □ No
If yes, please list:

_____

_____

Have you ever been prescribed psychiatric medication? □ Yes □ No
If yes, please list and provide dates:

_____

_____

**General and Mental Health Information**

1. How would you rate your current physical health?

☐ Poor ☐ Unsatisfactory ☐ Satisfactory ☐ Good ☐ Very good

Please list any specific health problems you are currently experiencing: _____

_____

2. How would you rate your current sleeping habits?

☐ Poor ☐ Unsatisfactory ☐ Satisfactory ☐ Good ☐ Very good

Please list any specific sleep problems you are currently experiencing:

_____

_____

3. How many times per week do you generally exercise? _____

   What types of exercise do you participate in? _____

4. Please list any difficulties you experience with your appetite or eating problems: _____

   _____

5. Are you currently experiencing overwhelming sadness, grief or depression? □ No □ Yes

   If yes, for approximately how long?_____

6. Are you currently experiencing anxiety, panics attacks or have any phobias? □ No □ Yes

   If yes, when did you begin experiencing this? _____

7. Are you currently experiencing any chronic pain? □ No □ Yes

   If yes, please describe: _____

8. Do you drink alcohol more than once a week? □ No □ Yes

9. How often do you engage in recreational drug use?
   □ Daily □ Weekly □ Monthly □ Infrequently □ Never

10. Are you currently in a romantic relationship? □ No □ Yes

If yes, for how long? _____

On a scale of 1-10 (with 1 being poor and 10 being exceptional), how would you rate your relationship? _____

11. What significant life changes or stressful events have you experienced recently? _____

_____

_____

**Family Mental Health History**

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (e.g. father, grandmother, uncle, etc.)

| | Please Mark 'Yes' or 'No' | List Family Member |
|---|---|---|
| Alcohol/Substance Abuse | No | _____ |
| Anxiety | No | _____ |
| Depression | No | _____ |
| Domestic Violence | No | _____ |
| Eating Disorders | No | _____ |
| Obesity | No | _____ |
| Obsessive Compulsive Behavior | No | _____ |
| Schizophrenia | No | _____ |
| Suicide Attempts | No | _____ |

**Additional Information**

1. Are you currently employed? □ No □ Yes

If yes, what is your current employment situation? _____

_____

Do you enjoy your work? Is there anything stressful about your current work? _____

_____

_____

2. Do you consider yourself to be spiritual or religious? □ No □ Yes

If yes, describe your faith or belief: _____

_____

3. What do you consider to be some of your strengths? _____

_____

_____

_____

4. What do you consider to be some of your weaknesses?

5. What would you like to accomplish out of your time in therapy?

Please email this completed form to wisnumeier@inwardjourneycounseling.com