

# New Client Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred way of communication: \_\_\_\_\_

Emergency Contact (family member or physician):

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Marital/Relationship Status:

\_\_\_\_\_

Why are you seeking treatment at this time?

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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.

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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?

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

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How did you get my contact (professional listing, referral, a blog post...)?

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