

Standard Intake Questionnaire Template

What brings you to counseling at this time? Is there something specific, such as a particular event? Be as detailed as you can

Please check any of the following you have experienced in the past six months

- ☐ Increased appetite
- ☐ Decreased appetite
- ☐ Trouble concentrating
- ☐ Difficulty sleeping
- ☐ Excessive sleep
- ☐ Low motivation
- ☐ Isolation from others
- ☐ Fatigue/low energy
- ☐ Low self-esteem
- ☐ Depressed mood
- ☐ Tearful or crying spells
- ☐ Anxiety
- ☐ Fear
- ☐ Hopelessness
- ☐ Panic
- ☐ Other

What are your goals for counseling?

Have you seen a mental health professional before?

☐ Yes

☐ No

Do you have thoughts or urges to harm others?

☐ Yes

☐ No

Do you have suicidal thoughts?

☐ Yes

☐ No

Have you ever attempted suicide?

☐ Yes

☐ No

Do you use recreational drugs?

☐ Yes

☐ No

Do you drink alcohol?

☐ Yes

☐ No

Have you ever been hospitalized for a psychiatric issue?

☐ Yes

☐ No

Who is your primary care physician? Please include type of MD, name and phone number.

If taking prescription medication, who is your prescribing MD? Please include type of MD, name and phone number.

Specify all medications and supplements you are presently taking and for what reason.

Please check any of the following that apply

- ☐ Headache
- ☐ High blood pressure
- ☐ Gastritis or esophagitis
- ☐ Hormone-related problems
- ☐ Head injury
- ☐ Angina or chest pain
- ☐ Irritable bowel
- ☐ Chronic pain
- ☐ Loss of consciousness
- ☐ Heart attack
- ☐ Bone or joint problems
- ☐ Seizures
- ☐ Kidney-related issues
- ☐ Chronic fatigue
- ☐ Dizziness
- ☐ Faintness
- ☐ Heart valve problems
- ☐ Urinary tract problems
- ☐ Fibromyalgia
- ☐ Numbness & tingling
- ☐ Shortness of breath
- ☐ Diabetes
- ☐ Hepatitis
- ☐ Asthma
- ☐ Arthritis
- ☐ Thyroid issues
- ☐ HIV/AIDS
- ☐ Cancer
- ☐ Other

Is there a history of mental illness in your family?

☐ Yes

☐ No

If you are in a relationship, please describe the nature of the relationship and months or years together.

Describe your current living situation. Do you live alone, with others. With family, etc...

What is your current occupation? What do you do? How long have you been doing it?

What is your level of education? Highest grade/degree and type of degree.

What else would you like me to know?