

QUESTIONNAIRE/Mill Springs Counseling, PLLC

Name: _____ **Phone:** _____
Age: _____ **Email:** _____

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

What are your goals for counseling?

Have you seen a mental health professional before? Yes No
How was that experience for you?

What was your reason for discontinuing services if you have with that counselor/therapist?

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

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

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

Do you drink alcohol?

Do you use recreational drugs? What kinds?

Do you have suicidal thoughts?

Have you attempted suicide?

Do you have thoughts or urges to harm others?

Have you ever been hospitalized for a psychiatric issue? When? Where?

Is there a history of mental illness in your family? If so, who and what?

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

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

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

What is your current occupation if you have one? Student? Job? How long have you been doing it?

Please circle any of the following you have experienced in the last 6 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

Please circle any of the following that apply.

Headache high blood pressure gastritis or esophagitis hormone-related problems
Head injury 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 diabetes
Shortness of breath hepatitis asthma thyroid issues HIV/AIDS Cancer Other

Any other symptoms that you are experiencing?

Anything else that you would like for me to know?