

This questionnaire is used to obtain information about your background and current problem(s) to assist in the evaluation and save you time in session. Please try to answer all questions as fully and accurately as possible. This information will become part of your record and is protected under the same laws of confidentiality.

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Parents' names/contact (*if juvenile*):

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Can a message be left at any of these numbers? \_\_\_\_\_

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

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Where are you from? \_\_\_\_\_

Do you have any history of childhood trauma or abuse? (if yes, summarize) \_\_\_\_\_

\_\_\_\_\_

### **FAMILY AND SOCIAL HISTORY**

1. What is your current marital status? \_\_\_\_\_

2. Have you been married before (if yes, number of times) \_\_\_\_\_

3. Please list below the people who live with you:

Name	Age	Relationship
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4. Do you have any children who do not live with you? \_\_\_\_\_

5. Any problems or concerns related to your home life/limitations in functioning? \_\_\_\_\_

\_\_\_\_\_

6. Do you feel your family has been a good source of support for you? \_\_\_\_\_

7. Relatives:

Number of brothers: \_\_\_\_\_ Ages: \_\_\_\_\_

Number of sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

Are your parents still living? \_\_\_\_\_

If yes, how often do you have contact with them? \_\_\_\_\_

What was your home life like growing up? \_\_\_\_\_

\_\_\_\_\_

8. What kind of things do you like to do for fun? \_\_\_\_\_

\_\_\_\_\_

9. How often do you do something you find enjoyable? \_\_\_\_\_

10. How many close friends do you have? \_\_\_\_\_

11. Number of acquaintances? \_\_\_\_\_

12. How often do you get together with friends? \_\_\_\_\_

13. Do you consider your friends to be a good source of support? \_\_\_\_\_

14. Do you affiliate with any particular religion? \_\_\_\_\_

14. Do you have any religious/spiritual concerns that you would like considered? \_\_\_\_\_

15. Do you have any cultural/racial/sexual preference issues you would like considered? \_\_\_\_\_

16. Legal background:

Have you ever been arrested? \_\_\_\_\_. If yes, list below:

Date of arrest	Charge	Convicted?	Time served?
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\_\_\_\_\_

Are you currently on probation or parole? \_\_\_\_\_ If yes, time remaining \_\_\_\_\_

Are you currently involved in a lawsuit/ divorce /custody dispute? \_\_\_\_\_. If yes, please describe:

\_\_\_\_\_

## EDUCATION

1. How far did you go in school? \_\_\_\_\_

2. If more than high school, what was your major/field of study? \_\_\_\_\_

3. If less than high school, reason for dropping out: \_\_\_\_\_

4. Were you ever held back/failed a grade? \_\_\_\_\_

5. History of learning disorder or ADHD? \_\_\_\_\_ if yes, type: \_\_\_\_\_

6. History of special education classes or academic accommodation? \_\_\_\_\_

7. Were you ever suspended or expelled from school? \_\_\_\_\_. If yes, number of times and reason(s): \_\_\_\_\_

7. Did you have any problems with your behavior/conduct in school (e.g. bullying, fighting)? \_\_\_\_\_

8. Did you have a problem with excessive lateness or missed days? \_\_\_\_\_

9. Are there any problems or concerns related to your education? \_\_\_\_\_

### WORK HISTORY

1. What is your current job status? \_\_\_\_\_

(if unemployed) source of financial support: \_\_\_\_\_

2. If employed, type of job: \_\_\_\_\_

3. Are you satisfied with your current job? \_\_\_\_\_ If no, what problems are you experiencing? \_\_\_\_\_

4. What types of jobs have you held in the past? \_\_\_\_\_

5. Have you ever been fired/dismissed from a job? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

6. What is the longest you have gone without a job? \_\_\_\_\_

7. What is the longest you have stayed at a given job? \_\_\_\_\_

8. Are you currently experiencing any financial difficulties? \_\_\_\_\_

9. Have you served in the military? \_\_\_\_\_ If yes, list the branch, MOS and highest rank: \_\_\_\_\_

Did you serve in combat? \_\_\_\_\_ Type of discharge \_\_\_\_\_

### MENTAL HEALTH

1. Have you ever been to see a psychiatrist, counselor, or psychologist?

Dates      Type of service      reason for seeking help/ diagnosis (if given)

2. Have you ever been hospitalized for psychiatric problems/substance abuse? *Please list dates and reason for hospitalization:* \_\_\_\_\_

3. Substance use: \_\_\_\_\_

Do you use alcohol? How much/often? \_\_\_\_\_

Do you use tobacco? Describe \_\_\_\_\_

Have you used marijuana? Describe \_\_\_\_\_

Have you used other drugs? Describe \_\_\_\_\_

4. Have you **ever** had problems with alcoholism? \_\_\_\_\_

5. Have you **ever** abused prescription medication? \_\_\_\_\_

6. Past or current problems with gambling? \_\_\_\_\_

7. Have you ever attempted suicide? \_\_\_\_\_

8. Have you **ever** had a problem with suicidal thoughts/feelings? \_\_\_\_\_

9. Have you **ever** harmed yourself on purpose (e.g. cutting, burning)? \_\_\_\_\_

10. Have you **ever** been abused (physical, sexual, emotional)? \_\_\_\_\_

11. Have you **ever** been exposed to some sort of trauma (rape, violent crime, serious accident)? \_\_\_\_\_

if yes, does it still affect you in any way? \_\_\_\_\_

12. Have any members of your family been diagnosed with or treated for a psychiatric disorder (including mental retardation and substance abuse)? \_\_\_\_\_

### **MEDICAL**

1. Do you have a family doctor? \_\_\_\_\_

2. When was your last visit with a physician? \_\_\_\_\_

3. Are you currently diagnosed with a medical condition? \_\_\_\_\_

4. Any food or drug allergies? \_\_\_\_\_

5. Please list all current prescribed medications/treatments you are taking:

<u>Medication</u>	<u>Dose/frequency</u>	<u>Prescribing MD</u>	<u>Reason for taking</u>
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6. Please list any over-the-counter medications (e.g. aspirin, herbal supplements) that you regularly use: \_\_\_\_\_

\_\_\_\_\_

7. Do you have a history of any serious medical illnesses or major surgeries? \_\_\_\_\_
8. Have you ever experienced a head injury? \_\_\_\_\_
9. If yes, please state when and nature of injury: \_\_\_\_\_
10. Did you lose consciousness? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_
10. Were you hospitalized for the injury? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_
11. Have you ever had a seizure? \_\_\_\_\_
12. Have you ever lost consciousness for reasons other than head injury? \_\_\_\_\_
13. Do you have any problems with vision/require glasses? \_\_\_\_\_
14. Any problems with hearing? \_\_\_\_\_
15. Any problems with sexual functioning? \_\_\_\_\_
16. Any problems with sleep? \_\_\_\_\_
17. Any problems with appetite? \_\_\_\_\_
18. Any problems with weight gain or weight loss? \_\_\_\_\_. If yes, how much in the last month?  
\_\_\_\_\_. Are you trying to lose/gain weight? \_\_\_\_\_
- What is your height? \_\_\_\_\_ ft. \_\_\_\_\_ in. What is your weight? \_\_\_\_\_ lbs.
19. Problems with headaches? \_\_\_\_\_
20. Problems with pain? \_\_\_\_\_
21. Problems with stomach, bladder, or bowel functions? \_\_\_\_\_
22. How would you described your current health? \_\_\_\_\_
23. How would you describe your mood in general? \_\_\_\_\_

**Please indicate and describe any of the following symptoms you have experienced in the last YEAR:**

Prolonged depressed mood: \_\_\_\_\_

Feeling worthless \_\_\_\_\_ Feeling hopeless \_\_\_\_\_

Excessive guilt \_\_\_\_\_ Loss of interest/pleasure \_\_\_\_\_

Loss of energy \_\_\_\_\_ Loss of motivation \_\_\_\_\_

Thoughts of death / dying \_\_\_\_\_

Anxiety/worry \_\_\_\_\_

Panic (e,g, shortness of breath, heart racing) \_\_\_\_\_

Angry moods \_\_\_\_\_

Verbal aggression \_\_\_\_\_ physical aggression \_\_\_\_\_

Irritability \_\_\_\_\_

Unusual “happy” moods/mania \_\_\_\_\_

Intrusive, bothersome thoughts or memories \_\_\_\_\_

Compulsive, ritualistic or perfectionistic behaviors \_\_\_\_\_

Nightmares \_\_\_\_\_

Thoughts/beliefs that others might think are strange or unusual \_\_\_\_\_

\_\_\_\_\_

Hearing things when no one is there, or that others say they cannot hear \_\_\_\_\_

Seeing things that others say they cannot see \_\_\_\_\_

Feeling like you cannot trust others \_\_\_\_\_

Difficulty getting along with others \_\_\_\_\_

Problems with paying attention, concentrating \_\_\_\_\_

Problems with memory \_\_\_\_\_

Reckless or impulsive behavior \_\_\_\_\_

Have you ever been tested by a psychologist (IQ, personality)? \_\_\_\_\_