Opening Questionnaire
Briana Messerschmidt, M.S.
Registered Associate Marriage and Family Therapist #AMFT 91883
Under the Supervision of Mary M. Read, Ph.D., LMFT (license #25112)

Opening Questionnaire

General Information: Date: _____

Name: _____Birth Date:_____Age:_____

Pronouns:_____Race: _____Ethnicity: _____

Sex: _____ Gender: _____Sexual Orientation: _____

Employer: _____Occupation:_____ Religious Affiliation:_____

Highest level of Education: _____Marital Status:_____ Drivers License: _____

Additional Cultural Considerations:_____

How did you learn of my services? PsychologyToday☐, Professional website☐, Friend/family/acquaintance☐, Therapist referral ☐ If therapist referral, who?_____, Other ☐ _____

Do you have physical challenges that may impact therapy: _____

Do you have access limitations (transportation/hours) that may impact therapy: _____

Your Address: _____
Street City Zip Code

Your Primary Phone Number: _____ Cell | Home | Other (please circle)

Your Email Address:_____

*Special note regarding email and phone services: Online confidentiality comes with additional risks. As a therapist I will do my best to maintain your confidentiality; however, risks still apply regarding the use of email, text messaging, and voice mail as it is inherently not secure. Confidentiality online cannot be guaranteed for these reasons and potentially sensitive material should be restricted in these forms. This includes phone services as Google Voice is used.

May I email you regarding therapy, treatment, and scheduling? Yes | No

May I send text messages to the provided number? Yes | No May I leave voicemails? Yes | No

Spouse/Partner's/Parent's Name: _____ Birth Date:_____

Their Primary Phone Number: _____ Cell | Home | Work | Other (please circle)

May I send text messages to this number? Yes | No May I leave voicemails on this number? Yes | No

Emergency Contact Information:

Name: _____ Relationship to Client: _____

Phone Number: _____ Cell | Home | Work | Other (please circle)

Please sign below to verify your understanding that your emergency contact will be contacted in an emergency and your confidentiality may be broken according to the therapist's professional judgment.

_____
Date

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What brings you in today?

What led you to seek therapy?

Have you tried counseling before? If so, what is the reason are you not returning to your original professional?

Do you have any particular concerns/fears entering treatment?

What would you say your strengths are?

What are your current needs? (ex: continued sobriety, balance of emotions, housing, motivation)

What do you do for fun (i.e., hobbies/interests)?

What do you do when feeling down (i.e., coping skills)?

When was the *best* time of your life?

When was the *worst* time of your life?

What are your preferences regarding a therapist's approach with you? (ex: blunt, soft, listens more/talks more)

Is there anything else you would like me to know?