

Opening Questionnaire  
Briana Messerschmidt, M.S.



Registered Associate Marriage and Family Therapist #AMFT 91883  
Registered Associate Professional Clinical Counselor #APCC 2807  
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: \_\_\_\_\_

Do you have physical challenges that may impact therapy: \_\_\_\_\_

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

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

Your Address: \_\_\_\_\_  
Street City Zip Code

Your Primary Phone Number: \_\_\_\_\_ Cell | Home | Work | 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 to the provided number? Yes | No

## Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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 your family to seek therapy today?

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If you have been in therapy before, what is the reason are you not returning to your original professional?

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Do you have any concerns or fears with entering therapy?

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Do you want to be here today?

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How do you think your family's needs can best be met? (Family therapy, Individual therapy, other service)

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What would you say are your family's strengths?

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What would you say are your family's weaknesses?

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When was the *best* time to be part of your family?

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When was the *hardest* time to be a part of your family?

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

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Is there anything else you would like me to know?

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