

ASSESSMENT QUESTIONNAIRE

(Renari Counseling LLC)

Identification: (Race, Gender, Married, Single, Religious affiliation, etc.):

Current/history of Suicidal & Homicidal ideations: (Do you have suicidal/homicidal ideations? Have you ever attempted suicide? If so, how?)

History of Present Problem: (How long have you been feeling this way? What are your symptoms?)

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Past Psychiatric History: (Have you met with a therapist, counselor, psychologist, psychiatrist in the past for this particular challenge or any other challenge(s)? Have you been diagnosed with a Mental Health Disorder?)

Trauma History: (Have you experienced trauma in your past? This could be any situation that you believe was traumatic to you.)

Family Psychiatric History: (Is there any one in your family that has been diagnosed with a Mental Health Disorder? If so, who was this individual(s) and what was the diagnosis?)

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Medical Conditions & History: (Do you have a medical condition or have you ever had a medical condition?)

Current Medications: (What is a list of your current medications?)

Substance Use: (Are you currently using drugs or alcohol?)

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Family History: (Siblings, Mother and Father. Who are you closest to? Who would you rely on for help?)

Social History: (Who is your social support system? Can you rely on any of these individuals for help?
What are your extracurricular activities?)

Spiritual/Cultural Factors: (Important spiritual factors and communities, cultural influences, etc.)

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Developmental History: (Any developmental difficulties in your past?)

Educational / Occupational History: (What is the highest educational level you have achieved? What is your current occupation? Are you satisfied in your current job?)

SNAP: (Strengths, needs, abilities, preferences, etc.)

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Legal History: (Add your legal history here.)

What would you like to achieve in therapy?

Other Information: (Is there any other important information that would be relevant to your treatment?)
