**Counseling Intake Questionnaire**

**Homework Assignment:**

This homework will help us prepare to spend effective and helpful time together. Take this assignment as an opportunity to look at your life and record some observations we can talk about together. Maybe you will find some new perspectives through these questions. Your responses will give me a chance to know you as we prepare to meet – giving me some beginning sense of who you are, where you come from, how you see yourself, and what you’re hoping to accomplish through our work together.

Please fill in the following questions and email it to me or bring a printed copy into our next session. Do your best to give yourself quiet, uninterrupted and protected time to answer these things – whatever you need to give yourself plenty of time to answer thoughtfully and honestly.. Answer each question with the first uncensored thought that springs to mind. If a question stirs up a strong image or a memory take note of it and write it down. If you are coming to see me with a partner, I encourage you to discuss your responses with each other.

I look forward to working with you.

Name: *Click or tap here to enter text.*

Email Address: *Click or tap here to enter text.*

Date of Birth: *Click or tap here to enter text.*

Mailing Address: *Click or tap here to enter text.*

Name, age, and relationship of any significant other: *Click or tap here to enter text.*

Names and ages of any children or stepchildren: *Click or tap here to enter text.*

Name and ages of your parents: *Click or tap here to enter text.*

Name and ages of brothers and sisters: *Click or tap here to enter text.*

In case of emergency call: *Click or tap here to enter text.*

Relationship: *Click or tap here to enter text.*

Doctor’s Name and number: *Click or tap here to enter text.*

List current medications and purpose for taking them (include prescription and over-the counter drugs, herbs ,supplements, etc.) *Click or tap here to enter text.*

Where did you hear about me? *Click or tap here to enter text.*

Make I thank them for the referral? *Click or tap here to enter text.*

**Family of Origin:**

*“What we learn we practice and what we practice we become” - Ernie Larsen*

**Learn**

1. What messages - explicit or implicit - did you *learn* from your family? Examples: *Don't trust anyone: expressing feelings is dangerous: relationships don’t last, use depression, alcohol, work to distance people.*

*Click or tap here to enter text.*

**Practice**

2. As a result of what you learned, what have you *practiced* or become good at? Examples: *Leaving relationships before I get left, giving in, avoid conflict.*

*Click or tap here to enter text.*

**Become**

3. As a result of what you’ve practiced what have you *become,* and what have you missed out on? Examples: *A self-sufficient loner: I’ve missed out on intimacy.*

*Click or tap here to enter text.*

4. What role did you play in your family of origin? Examples: *The smart one, the peacemaker, daddy’s little girl, the troublemaker.*

*Click or tap here to enter text.*

5. How has that role shaped your personality — for the better *and* for worse? Examples: *Being “good” taught me to recognize others’ needs but not my own.*

*Click or tap here to enter text.*

*6. While you were growing up, were any of your family members chemically dependent (including alcohol, gambling? ) (or any other addictions)?*

*Click or tap here to enter text.*

*7.* How about today? Are you or any members of your family of origin or immediate family chemically dependent, or any other addictions?

*Click or tap here to enter text.*

8. Growing up, how could you tell when your mom/dad was angry or disapproved of you?

Mom: *Click or tap here to enter text.*

Dad: *Click or tap here to enter text.*

9. How could you tell when your mom/dad was feeling love or tenderness toward you?

Mom: *Click or tap here to enter text.*

Dad: *Click or tap here to enter text.*

10. How did your parents express negative *and* positive feelings toward *each other?*

Mom: *Click or tap here to enter text.*

Dad: *Click or tap here to enter text.*

**OCCUPATION:**

1. What kind of work do you do now and what, specifically, is good about it?

*Click or tap here to enter text.*

2. What would you need to have, be, or do to make your work more satisfying?

*Click or tap here to enter text.*

**PERSONAL LIFE:**

1.List 3 activities you love, how often you do them, and what *in particular* you love about them.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Activity | How often you do it | What you love about it |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

2. Who do you love, and how do you show it (notes, hugs, words, food, etc)?

*Click or tap here to enter text.*

3. How do you show negative emotions (pout, withdraw, get sarcastic, yell, etc.)?

*Click or tap here to enter text.*

4. When was the last time you said you were sorry? And how did you say it?

*Click or tap here to enter text.*

5. Who are your cheerleaders, and what unique gifts do you get from each of them? Examples: *Chris-patience, food, unconditional love; Lauren- structure, clarity, advice.*

*Click or tap here to enter text.*

6. Who do you laugh with? How often?

*Click or tap here to enter text.*

7. Who do you cry with? How often?

*Click or tap here to enter text.*

8. What do you do to regain a sense of balance and perspective? How often? With whom? Examples: *play guitar, take a long walk, call a friend, journal.*

*Click or tap here to enter text.*

9. Have you ever been sexually or physically abused? (if yes, by whom, when?)

*Click or tap here to enter text.*

**HEALTH:**

1. Describe your general state of mental, physical, and spiritual health.

*Click or tap here to enter text.*

2. Have you or any of your family members ever suffered from depression or any other form of mental illness? Explain... (List dates, treatment, hospitalization, if applicable).

*Click or tap here to enter text.*

3. Are you currently feeling suicidal?

*Click or tap here to enter text.*

4. Have you ever felt suicidal? Explain. (list dates, treatment, hospitalizations if applicable).

*Click or tap here to enter text.*

5. List any previous experiences with therapy and describe positives and/or negatives.

*Click or tap here to enter text.*

6. Are you currently seeing any other mental health professional or doctor? Explain.

*Click or tap here to enter text.*

7. Describe your use of alcohol and other mood-altering drugs. (specifically how often, how much, and under what circumstances do you use them?)

*Click or tap here to enter text.*

8. How much caffeine do you use daily? include coffee, tea, sodas.

*Click or tap here to enter text.*

**COMPLETE EACH ANSWER BY WRITING DOWN THE FIRST THING THAT POPS INTO YOUR HEAD:**

I’m such a … *Click or tap here to enter text.*

All my life I’ve…. *Click or tap here to enter text.*

It’s hard for me to admit (or say)… *Click or tap here to enter text.*

I’m grateful to my mom for… *Click or tap here to enter text.*

I’m grateful to my dad for…. *Click or tap here to enter text.*

My mom thought my dad was… *Click or tap here to enter text.*

My dad thought my mom was… *Click or tap here to enter text.*

If I weren’t afraid, I’d... *Click or tap here to enter text.*

My spiritual beliefs... *Click or tap here to enter text.*

The person who knows me best would describe me as… *Click or tap here to enter text.*

**RELATIONSHIPS:**

1. Describe a typical pattern from childhood that characterizes your parents’ relationship to each other. Example: *mom was always the “bad guy” and Dad was the “rescuer.”*

*Click or tap here to enter text.*

2. Describe a typical pattern from your adult life that characterizes your way of relating to a partner. Example: *I pick people who are initially attracted to, but ultimately threatened by, my strengths. They end up criticizing me and I end up resenting them.*

*Click or tap here to enter text.*

3. How has your parents’ relationship influenced your own behavior with significant others?

*Click or tap here to enter text.*

**GOALS:**

1. Imagine that tonight, after you go to sleep, a miracle occurs. You wake up in the morning and your life is “perfect.” What’s the first thing you notice that tells you things are radically different?

*Click or tap here to enter text.*

2. How would this change improve your life?

*Click or tap here to enter text.*

3. If you are seeing me with a partner, or preparing to participate in a couples workshop with me, please list **three** specific goals for our time together. Describe it in Positive, behavioral terms. Example: *Instead of, “I’d like Pat to stop giving me the “silent treatment” you might say, “I’d like Pat to tell me right away when there’s something wrong, and I’d like to be able to listen without getting defensive.”*

*Click or tap here to enter text.*

4. What are your strengths? If you’re seeing me with a partner, what are your partner’s strengths?

*Click or tap here to enter text.*

5. Write down one **personal** therapy goal you’d like to work on. Example: *I’d like to be able to put my own needs first without feeling guilty.*

*Click or tap here to enter text.*

6. How committed are you to doing whatever it takes to achieve your goal on a scale of 1 to 10 (1-not very, 10-very)? What, if anything, would increase your level of commitment?

*Click or tap here to enter text.*

7. Are you willing to devote at least 3 hour/week between sessions to working on your goal?

*Click or tap here to enter text.*