

## Intake Questionnaire

These questions are about the client. I just use “you” to avoid formal language. With couples or family therapy, please try to respond about all of the relevant people, but if you don’t know, just write that.

Name \_\_\_\_\_

What are you hoping to get from counseling? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How is your physical health? \_\_\_\_\_

What medications do you currently take? \_\_\_\_\_

\_\_\_\_\_

When was your last physical? \_\_\_\_\_

Are you currently suicidal? \_\_\_\_\_

Have you ever been suicidal? \_\_\_\_\_

Are you currently homicidal? \_\_\_\_\_

Have you ever been homicidal? \_\_\_\_\_

Have you ever deliberately harmed yourself, and if so, when and how?

\_\_\_\_\_

Have you ever been psychiatrically hospitalized, and if so, when and where?

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What is your mood right now? \_\_\_\_\_

Have you ever been in outpatient therapy before, and if so, when and where?

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How often do you drink alcohol, and what do you drink?

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Have any family, friends, or coworkers suggested that you have a problem with drinking?

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Does your drinking interfere with your work, health or relationships?

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What illicit drugs do you use, and how often?

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