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Licensed Professional Counselor, Licensed Addiction Counselor

Client Questionnaire

Date: _____

I. DEMOGRAPHICS

- a. Name: _____
- b. Address: _____
- c. Telephone: Cell _____ Work _____
- d. Is it OK to leave a message at these numbers? _____
- e. Is it OK to text your cell **for scheduling purposes only**? _____
- f. Email address: _____
- g. Birthdate: _____ Age _____ Gender _____
- h. Current Occupation: _____
- i. Number of years of education _____ Degree achieved _____
- j. Referred by: _____

II. PRESENTING PROBLEM

- a. What symptoms, problems, or behaviors are you experiencing that have prompted you to seek help at this time? _____

- b. When did these first appear? _____

- c. How have you handled these issues so far? _____

- d. What approaches have been successful? _____

- e. Have you ever talked about or attempted suicide? If yes, please describe:

- f. Describe your current and past drug and alcohol use? Have you ever sought treatment for alcohol or drug use?

- g. Have there been any changes over the last month in your eating, sleeping, or other behaviors? If so please describe. _____
- h. What (if any) legal situations are you currently involved in? _____
- i. What are some of your strengths? _____
- j. What would be a small sign of progress that would tell you that you are making progress? _____
- k. What is your main goal in seeking out therapy at this time? _____

III. PREVIOUS TREATMENT

- a. Have you ever had any previous mental health treatment such as psychiatric assessment, counseling, testing, or substance abuse treatment? _____
- b. If yes, give specifics (dates, reason for treatment) and explain what was helpful or not helpful for you in that experience? _____

IV. RELATIONAL HISTORY

- a. Your marital status: Single Married Separated Divorced Living Together
- b. Your current relationship satisfaction: ____ Good ____ Fair ____ Poor
 This is the (1st) (2nd) (3rd) (4th) marriage for you.
 This is the (1st) (2nd) (3rd) (4th) marriage for your spouse.
- c. What significant stressors are in this significant relationship: _____
- d. Is there any psychiatric or physical illness in the family? If so, indicate with an "X" at left, and specify the relationship to you on the side at right. This applies to parent as well as other biological relatives.
- | | Mother's Side | Father's Side |
|----------------------------------|----------------------|----------------------|
| ____ Drug or alcohol abuse | _____ | _____ |
| ____ Depression/Anxiety | _____ | _____ |
| ____ Nervous breakdown | _____ | _____ |
| ____ Psychiatric hospitalization | _____ | _____ |

____ Suicide _____
____ Other _____

V. MEDICAL HISTORY

- a. Have you ever had any surgeries of significance or hospitalization for an illness?
YES ____ NO ____ If yes, give date _____ For what? _____

- b. Are you on any medication at the present time? YES ____ NO ____ If yes, what kind
and for what condition prescribed? _____

- c. Have you ever had a blow to your head that left a goose egg, broke the skin, or caused
you to black out? If so, explain when this occurred, what happened, and what changes
did you notice afterwards. _____

RELIGIOUS INTERESTS, HOBBIES, AND ACTIVITIES

- a. List the past and present organized social, community, recreational activities you are
involved in. _____

- b. Describe the your religious interests or activities: _____

_____ High _____ Medium _____ Low _____ None

VII. BACKGROUND INFORMATION

- a. What (if any) complications were there in your prenatal development, delivery, or
developmental milestones? _____

- b. What are 3 words you would use to describe your relationship with your father/step-
father when you were growing up? What is your relationship like with him now? _____

- c. What are 3 words you would use to describe your relationship with your mother/step-
mother when you were growing up? What is your relationship with her now? _____

- d. How many siblings did/do you have? What are their age relations to you (ie. 3 years
older)? What was your relationship like with them growing up? What is your relationship
with them now? _____

To be completed by the therapist with the client.

Goal: _____

Objective: _____

Intervention: _____

Intervention: _____

Intervention: _____

Objective: _____

Intervention: _____

Intervention: _____

Intervention: _____

Goal: _____

Objective: _____

Intervention: _____

Intervention: _____

Objective: _____

Intervention: _____

Intervention: _____

Goal: _____

Objective: _____

Intervention: _____

Intervention: _____

Objective: _____

Intervention: _____

Intervention: _____