

INTAKE QUESTIONNAIRE

Nancy L. Hammond, LPC, LLC
4716 Ellsworth Avenue #116
Pittsburgh, PA 15213

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Name <i>(Last, First, M.I.):</i>	Today's Date:
Primary Care Physician:	PCP Phone #:
	Date of last physical exam:

PERSONAL HEALTH HISTORY

How would you describe your overall health currently?	Excellent	Good	Fair	Poor
--	------------------	-------------	-------------	-------------

When was the last time you saw a physician?

What was the reason?

Medical Conditions

Date of Onset	Describe Illness, Diagnosis, Diseases	Treating Physician

Surgeries

Year	Reason	Hospital

Hospitalizations

Year	Reason	Hospital

INTAKE QUESTIONNAIRE

Nancy L. Hammond, LPC, LLC
4716 Ellsworth Avenue #116
Pittsburgh, PA 15213

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

HEALTH HABITS

Exercise	Sedentary (No exercise)			
	Mild exercise (i.e., climb stairs, walk 3 blocks, golf)			
	Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.)			
	Regular vigorous exercise (i.e., work or recreation 4x/week for 30 minutes)			
Caffeine	None	Coffee	Tea	Cola
	# of cups/cans per day?			
Tobacco	Do you use tobacco?		Yes	No
	Cigarettes – pks./day	Chew - #/day	Pipe - #/day	Cigars - #/day
	# of years	Or year quit		
Alcohol	Do you drink alcohol?		Yes	No
	If so, how many drinks do you usually have in an average week?			
Drugs	Do you currently use any kind of non-prescription drugs?		Yes	No
	If so, name the substance(s) and how often you use.			
	Have you ever used any kind of non-prescription drugs?		Yes	No
	If so, name the substance(s) and how often you used.			
If drug use was in the past, how long have you been sober?				

First Name	Current Age (or indicate if deceased & year)	SIGNIFICANT HEALTH PROBLEMS OF FAMILY MEMBERS
Mother Name _____		
Father Name _____		
Siblings Name _____	M _____ Age _____	
	F _____	
	Non-binary _____	
Name _____	M _____ Age _____	
	F _____	
	Non-binary _____	
Name _____	M _____ Age _____	
	F _____	
	Non-binary _____	

INTAKE QUESTIONNAIRE

Nancy L. Hammond, LPC, LLC
4716 Ellsworth Avenue #116
Pittsburgh, PA 15213

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

MENTAL HEALTH

Is stress a major problem for you?	Yes	No
Do you feel depressed?	Yes	No
Do you panic when stressed?	Yes	No
Do you have problems with eating or your appetite?	Yes	No
Do you cry frequently?	Yes	No
Have you ever attempted suicide?	Yes	No
Have you ever seriously thought about hurting yourself?	Yes	No
Are you currently in crisis or current distress?	Yes	No
Do you have trouble sleeping?	Yes	No
Have you ever been to a counselor?	Yes	No

How long have you been experiencing the current problem/symptoms?						
Less than 1 week	1-2 weeks	3-6 weeks	3-6 months	6-12 months	1-3 years	3+ years

How often do the problems/symptoms interfere with your everyday life activities?						
Less than once a week	2-3 times a week	Once a day	2-3 times a day	4-6 times a day	All day/every day	

Family of Origin (<i>biological family</i>)
--

Relationship	Current Relationship Status/Status at Death <i>(Strained, cooperative, supportive, etc.)</i>	<i>(If applicable)</i> Are you out to them?	
Mother		Yes	No
Father		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Current Household				
Please list everyone currently living with you.				

Name	Relationship	Age	Relationship Status <i>(Strained, cooperative, supportive, etc.)</i>	<i>(If applicable)</i> Are you out to them?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

INTAKE QUESTIONNAIRE

Nancy L. Hammond, LPC, LLC
4716 Ellsworth Avenue #116
Pittsburgh, PA 15213

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Primary Support				
Please list all those who you feel are part of your primary support network				
Name	Relationship (Friend, Family, Coworker, Church Affiliation, etc.)	Age	Frequency of Interaction	<i>(If applicable)</i> Are you out to them?
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

Social/Recreational Activities	
Please list all activities you enjoy/participate in	
Activity	How often do you participate in this activity?

EMPLOYMENT HISTORY			
Age	Job	Length of Employment	Reason for Leaving
How would you rate your current job satisfaction?		Very Satisfied	Satisfied Unsatisfied
Do you have concerns in this area?		Yes	No
If Yes, please explain:			
What are your career goals or hopes?			

INTAKE QUESTIONNAIRE

Nancy L. Hammond, LPC, LLC
4716 Ellsworth Avenue #116
Pittsburgh, PA 15213

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

MILITARY HISTORY		
Have you ever served time in the military?	Yes	No
If yes, which branch of service did you serve in?		
Air Force	Army	Coast Guard
		Marines
		Navy
		Reserves
Were you involved in active combat duty?	Yes	No

TUBERCULOSIS/HIV/STD SCREENING

Have you had any close contact with someone diagnosed with tuberculosis?	Yes	No
Have you ever been or are you currently an IV Drug User?	Yes	No
Have you been tested for Tuberculosis in the past 3 months?	Yes	No
Do you participate in unprotected sex?	Always	Sometimes
	Never	
Do you participate in anonymous/casual sex?	Always	Sometimes
	Never	
Do you have multiple partners?	Always	Sometimes
	Never	
Do you use alcohol or other drugs while engaging in sex?	Always	Sometimes
	Never	
Have you had unprotected sex with an IV Drug User?	Yes	No
Have you been tested for HIV with in the past 6 months?	Yes	No
Are you interested in receiving information on HIV Testing?	Yes	No