

ADULT QUESTIONNAIRE

Client Name: _____ DOB: _____

Gender: _____

I was referred by: _____

Please Note: All the answers you give are confidential information between you and your therapist except where there may be exceptions in the law. Please answer the questions as fully as possible.

PRESENTING PROBLEM: Why have you decided to seek counseling now? _____

"In recent months, I have worried a lot about":

- Relationship Issues Health Issues Job Issues Finances Parenting Difficulties
Grief/Loss Issues from the past (guilt, abuse, neglect, family of origin etc.)
Other: please explain

Here's a list of possible difficulties you might be experiencing. Please check all that apply for the last 60 days:

- Sadness Irritability Increased sweating Heart palpitations Withdrawing from others/activities
Eating less Eating more than usual Sleeping more than usual Sleeping less than usual Poor hygiene
Problems with memory Problems with concentration Lack of energy Feeling guilty or worthless
Feeling of hopeless Mood swings Worries Avoiding situations Nightmares Can't turn your thoughts "off"
Angry outbursts Rage Disorganization Losing things Easily distracted
Leaving tasks incomplete Impulsivity Constant moving Defiance Conflict with family or friends
Hearing/Seeing things that others don't Thoughts of suicide and/or harming others
Other:

Have you EVER had a time in your life when you experienced any of the following:

- Panic attack(s) Being much more active than usual Less sleeping (but not tired) Talking more than usual
Felt extremely/unusually happy Felt your thoughts were racing Engaged in risky behaviors
Had very poor judgment Overspending Felt "invincible" Had accidents

Have you ever been abused in your life?

- None Physical Emotional Sexual Neglect

Please explain anything you checked until now: _____

What have you already tried to solve the problem? _____

Thoughts of suicide? Presently ___ No ___ Yes In the Past ___ No ___ Yes

Thoughts of homicide? Presently ___ No ___ Yes In the Past ___ No ___ Yes

I have attempted to commit suicide in the past: ___ No ___ Yes If yes, how and when? _____

Have any of your family members attempted or committed suicide? ___ No ___ Yes Friends? ___ No ___ Yes

Have you ever intentionally cut, burned or hurt yourself? ___ No ___ Yes Presently? ___ No ___ Yes

If yes, how and when? _____

Recent Losses? ___ Family ___ Employment ___ Health ___ Significant Other ___ Disruption of Lifestyle

Other: please explain anything you checked _____

PREVIOUS COUNSELING ___ No ___ Yes **Support/ Recovery Groups:** ___ No ___ Yes
Name of Counselor: _____ How long? _____
Current Psychiatrist or Counselor? _____
What worked well in counseling? _____

Inpatient Mental Health? ___ No ___ Yes; Where and When? _____

Previous and current medications taken for anxiety, depression and/or sleep: *List dosages/frequency/Prescriber*

MEDICAL INFORMATION Please describe your current Health Condition(s): _____

Any past major medical events? _____

Are you allergic to any medications? ___ No ___ Yes; Please list them _____

Any other Allergies? (Food, Animals etc.) _____

List **current** medications for physical conditions: *List dosages/frequency/Prescriber*

SUBSTANCE ABUSE Do you drink alcohol or use other drugs? ___ No ___ Yes; please enter all substances:
Substance Age 1st use Frequency Amount Age regular use started Date last used

Are you or others concerned about your drinking, illegal drug or prescription use? ___ No ___ Yes

Has there been a recent increase in your substance use? ___ No ___ Yes

Have you ever been in substance abuse treatment? ___ None ___ Outpatient ___ Residential ___ Detox ___ DUI
Classes; When and Where? _____

Are you/have you been concerned about a family members' drinking, illegal drug or prescription use?
___ No ___ Yes; please explain: _____

LEGAL ISSUES Are there any legal cases pending? ___ No ___ Yes

Briefly describe the nature of those: _____

Currently on Probation or Parole? ___ No ___ Yes

Name/phone # of probation/parole officer: _____

Legal History (*Date/Age/Nature of offense, sentence, incarceration etc.*): _____

SUPPORT SYSTEM *Circle all that apply:*

Spouse Parents Siblings Employer Extended Family Neighbors Close Friends Co-Workers Self-Help Group
Community Agencies Medical Staff Therapist Teacher Club Church Other: _____

How are they supportive? _____

Religious preference? _____ Actively practicing a religion? ___ Yes ___ No

Please describe your Cultural Background: (ethnicity/race/upbringing/values/beliefs etc.) _____

Describe your Strengths: _____

RELATIONSHIP HISTORY Are you currently in a relationship? ___ No ___ Yes; Circle all that apply:

Single ___ Married ___ years Domestic Partnership ___ years Cohabiting ___ years Divorced ___ times
Widowed ___

Describe your current relationship: _____

List First Name(s) of children Age How do you get along? _____

FAMILY HISTORY Is there a history of mental health or substance abuse issues in your family? ___ No ___ Yes

Family member (relationship) Issue _____

EDUCATION AND EMPLOYMENT HISTORY Highest grade achieved? _____ Highest Degree? _____

Currently in School? ___ No ___ Yes; Where? _____

Currently employed? ___ Yes ___ No; Occupation? _____

What do you like about it? _____

What do you dislike about it? _____

Source of income: ___ N/A for children under 18 ___ Wages ___ Someone else supports ___ Public assistance
___ Social Security ___ Retirement ___ Other: _____

Employment/School needs and/or issues? _____

My financial situation is: ___ OK ___ Strained ___ Recovering ___ Out of Control ___ Other: _____

Military Background: ___ None ___ Active Duty ___ Reserves ___ Retired ___ Family member in active duty: _____

FAMILY INVOLVEMENT:

Do you wish your family to be involved in treatment? ___ Yes ___ No; If yes, please list who and how _____

GOALS: What are you hoping to achieve through counseling? _____

What might be a barrier for accomplishing this? _____

How will you know when you no longer need counseling? _____

Anything else I need to know about you in order to serve you well? _____

Client Signature

Date