

Intake questionnaire

Thank you for giving me the opportunity to assist you. In order to help me understand your needs and to make our first meeting as productive as possible, can you please complete this questionnaire as much or as little as you feel comfortable.

NAME: _____ DOB: _____

Phone: _____ Email: _____

Address: _____ Insurance claim details? _____

1. What is the best thing about you?

2. What is your proudest achievement?

3. What is your favorite place to relax and feel safe?

4. What is your favorite color?

5. How do you most like to spend YOUR time?

6. What gives your life meaning (if different to 5)?

Chapter 15: Therapist Resources

7. What problem are you seeking help for (e.g., anxiety, depression, chronic pain) and how is it affecting you (e.g., trouble sleeping, can't relax, avoiding social situations, can't work, etc.)? How long have you struggled with this problem? What made you decide to seek help now?
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8. Background, e.g., I am the second of three children. My parents divorced x years ago and I was raised by my mother. Include any other major life stresses, trauma, or health problems (e.g., father always criticized, bullied at school, viral illnesses, hospitalizations, etc.).
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9. Any physical symptoms or complaints not already mentioned (e.g., headaches, insomnia, back pain)?
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10. Treatment and outcomes—previous (how many other doctors, psychologists you have seen, with what results), e.g., my GP has prescribed antidepressants but I didn't like the side effects.
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11. What would you like to get out of treatment?
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12. Anything else you would like me to know about you?
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