



## *Adult* Questionnaire for new clients

Name: \_\_\_\_\_

Date: \_\_\_\_\_

How many sessions are you expecting to need?  1-10  10-20  ongoing

What are your primary challenges that bring you to therapy?

What are you hoping to gain from therapy?

Circle any of the following abuses you have experienced in the past or are currently experiencing:

*Physical      Emotional      Verbal      Sexual      Neglect      Witness of abuse*

List any current medical conditions/illnesses:

List any current medications: *(or attach list)*

Name	Dose	Frequency	Reason	Physician

List any past mental health or psychiatric history/treatment (i.e., past therapy, issues of self-harm or suicide attempts, use of medications):

List family history of mental health or psychiatric issues involving parents, siblings, grandparents, aunts/uncles (i.e., depression, anxiety, suicide attempts):

Describe your strengths and weaknesses:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please check any symptoms or experiences that you have had in the last month or that others have told you they notice about you...**

Nightmares		Persistent, repetitive, intrusive thoughts, impulses or images
Easily startled, feeling 'jumpy'		
Intrusive memories		Feeling thoughts are controlled or placed
Flashbacks		Going without sleep for more than 2 days
Gaps in memory		Racing thoughts
Feeling numb		Excessive spending
Feeling confused as to what is real and unreal		Risky behaviors
Feeling 'outside of yourself,' detached, observing what you are doing		Rapid mood changes
		Binge eating
Fixations/Obsessions		Voluntary vomiting
Repetitive behaviors or mental acts (i.e., counting, checking locks, washing hands)		Excessive exercise
		Lying
Avoiding people, places, activities, or specific things		Manipulation of others to fulfill desires
		Outbursts of anger
Difficulty making friends		Acts of violence toward objects
Difficulty leaving home		Acts or threats of violence toward people/animals
Tremors		
Psychogenic nonepileptic seizures		Unusual sexual behaviors
Strange physical symptoms		
Hearing voices when no one is present		Other:
Unusual visual experiences such as flashes of light, shadows, objects		