

New Client Questionnaire

Date: _____

Full Name: _____ Preferred Name: _____

Date of birth: _____ Age: _____ Relationship Status: _____
 If partnered, for how long? _____

Contact information

Cell: _____	Ok to leave message?	Y	N
Home: _____	Ok to leave message?	Y	N
Work: _____	Ok to leave message?	Y	N

Email address: _____

Address: _____

Emergency Contact, only to be used in extreme cases such as concerns about safety:

Name: _____ Relationship: _____

Phone number: _____ Address: _____

Your Occupation: _____ Are you a student? Y N If so, where? _____

How did you learn about Sarah K. Chatfield Counseling? _____

Please list your immediate family, including divorced or deceased individuals.

Name	Relationship	Single, partnered, divorced, deceased	Age	Occupation

Have any of your family members dealt with emotional concerns, mental health issues or substance abuse? Y N

If yes, please explain: _____

What brought you to counseling at this time?

How long have these concerns existed? _____

Have you had previous therapy? Y N If yes, please complete

Name of Provider	Length of Treatment	Reason ended?
1.		
2.		
3.		

Are you currently taking any medication? Y N

If yes, please list medications and dosages here _____

Please list past medications here _____

Do you have any current medical conditions? Y N Dr.'s Name: _____

If yes, please explain _____

Do you have any allergies? Y N If so, please list: _____

Have you ever been hospitalized for a mental health reason? Y N

Do you plan to file insurance? Y N Name of provider: _____

Alcohol use, if applicable

Typical days per week alcohol is consumed _____ Typical number of drinks _____

Highest number of drinks consumed _____ Are you concerned about your use? Y N

Is someone else concerned about your alcohol use? Y N

Drug use, if applicable

Drug used	Typical amount used each time	Currently using? Y or N

Are you concerned about your drug use? Y N Are others? Y N

Behavioral Checklist

Please check if TRUE or mostly true for you

- _____ A life transition is causing me stress.
- _____ I have had a major loss.
- _____ I am very depressed.
- _____ My future seems hopeless.
- _____ I have serious thoughts of suicide.
- _____ I have done things to injure myself (cutting, burning, hitting, picking or other methods).
- _____ I have had so much energy that I didn't need to sleep, and/or made big plans or bad decisions.
- _____ I have been extremely anxious and panicky, at times limiting what I can do.
- _____ I have tried to control my body weight by purging, excessive exercise, laxatives, or restricting calories.
- _____ I am dissatisfied or somewhat dissatisfied with my body.
- _____ I often feel the need to count, check or clean things in a special way.
- _____ At times I feel disconnected or detached from reality.
- _____ I am concerned or unsure about my sexuality.
- _____ I feel that I can't control my own thoughts or that people can read or control my mind.
- _____ I see or hear things that no one else sees or hears.
- _____ I have flashbacks/nightmares about something serious that happened in the past.
- _____ I find it hard to make friends, find people to trust, and/or to interact with others socially.
- _____ I have trouble sleeping.
- _____ When I was a child or adolescent, an adult criticized me, focused on my failures, belittled and/ or swore at me.
- _____ When I was a child or adolescent, an adult punched, shoved, kicked, burned, or beat me.
- _____ When I was a child or adolescent, someone fondled me, exposed him or herself to me such that I felt frightened, exploited me sexually, and/or attempted sexual contact when I did not want to participate.
- _____ As an adult, I have been emotionally, physically and/or sexually abused.
- _____ I have recently been sexually assaulted.

Please provide information on the following questions:

Are you religious or spiritual? _____

What hobbies do you enjoy? _____

What is most enjoyable about your life? _____

Who supports you, listens and/or gives advice? _____

Is there anything that has not been covered that you feel is pertinent to share?
