

**INTAKE QUESTIONNAIRE**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP**

**PHONE - HOME:** \_\_\_\_\_ **WORK:** \_\_\_\_\_

**WHO REFERRED YOU TO ME?** \_\_\_\_\_

**WHO SHOULD BE CONTACTED IN AN EMERGENCY? (NAME AND PHONE):**

\_\_\_\_\_

**BRIEFLY DESCRIBE THE REASON(S) FOR SEEKING HELP:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AGE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **SS#** \_\_\_\_\_

**PLACE OF BIRTH:** \_\_\_\_\_

**PLACE(S) RAISED:** \_\_\_\_\_

**FATHER: LIVING** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**DECEASED** \_\_\_\_\_ **AT WHAT AGE:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**BRIEFLY DESCRIBE YOUR FATHER:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MOTHER: LIVING** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**DECEASED** \_\_\_\_\_ **AGE** \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

BRIEFLY DESCRIBE YOUR MOTHER \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF YOU WERE NOT RAISED BY YOUR NATURAL PARENTS, PLEASE EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

BROTHERS AND SISTERS: (PROVIDE NAME, AGE OCCUPATION, MARITAL STATUS AND WHERE THEY LIVE)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CULTURAL BACKGROUND: (ITALIAN, IRISH, GERMAN, ETC)

\_\_\_\_\_

IN WHAT RELIGION WERE YOU RAISED? \_\_\_\_\_

PRESENT RELIGIOUS AFFILIATION AND FREQUENCY OF ATTENDANCE:

\_\_\_\_\_

\_\_\_\_\_

HAS ANY RELATIVE LISTED ABOVE (F,M,S,B,)EVER HAD PROBLEMS WITH OR BEEN TREATED FOR MENTAL OR EMOTIONAL PROBLEMS, SUICIDE ATTEMPTS, DRUG OR ALCOHOL ABUSE? PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOU MARRIED - DIVORCED - SEPARATED - SINGLE? \_\_\_\_\_

NUMBER OF TIMES MARRIED: \_\_\_\_\_

**LIST MARRIAGES STARTING WITH THE PRESENT OR MOST RECENT FIRST: (PROVIDE DATES OF EACH MARRIAGE AND WHY IT TERMINATED)**

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**CHILDREN: (PROVIDE NAME, AGE, OCCUPATION, MARITAL STATUS AND WHERE THEY LIVE)**

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**LIST THE MEMBERS OF YOUR CURRENT HOUSEHOLD:** \_\_\_\_\_

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**LIST YOUR OTHER SIGNIFICANT RELATIONSHIPS:** \_\_\_\_\_

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**HAVE ANY OF YOUR FAMILY MEMBERS LISTED ABOVE (CHILDREN, MEMBERS OF YOUR CURRENT HOUSEHOLD) EVER HAD PROBLEMS WITH OR BEEN TREATED FOR MENTAL OR EMOTIONAL PROBLEMS, SUICIDE ATTEMPTS, DRUG OR ALCOHOL ABUSE? PLEASE EXPLAIN:**

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**HIGHEST GRADE COMPLETED:** \_\_\_\_\_

**PRESENT OCCUPATION:** \_\_\_\_\_

**PRESENT EMPLOYER:** \_\_\_\_\_

**HOW LONG HAVE YOU BEEN AT YOUR PRESENT JOB?** \_\_\_\_\_

**PAST EMPLOYMENT:** \_\_\_\_\_

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**INTERESTS AND HOBBIES:** \_\_\_\_\_

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**CURRENT SUPPORT SYSTEM: (FRIENDS, CLUBS, ETC)**\_\_\_\_\_

\_\_\_\_\_  
**HAVE YOU EVER HAD PROBLEMS WITH OR BEEN TREATED FOR MENTAL OR EMOTIONAL PROBLEMS, SUICIDE ATTEMPTS OR DRUG OR ALCOHOL ABUSE? PLEASE EXPLAIN:**

\_\_\_\_\_  
**DO YOU DRINK?**\_\_\_\_\_

**FREQUENCY:**\_\_\_\_\_

**QUANTITY:**\_\_\_\_\_

**DO YOU USE ILLICIT DRUGS?**\_\_\_\_\_

**FREQUENCY:**\_\_\_\_\_

**QUANTITY:**\_\_\_\_\_

**HAVE YOU EVER THOUGHT ABOUT SUICIDE?**\_\_\_\_\_

**HAVE YOU EVER MADE A SUICIDE ATTEMPT?**\_\_\_\_\_

**DO YOU PRESENTLY HAVE THOUGHTS OF SUICIDE?**\_\_\_\_\_

**HAVE YOU EVER THOUGHT OF HURTING SOMEONE ELSE?**\_\_\_\_\_

**DO YOU PRESENTLY HAVE THOUGHTS OF HURTING SOMEONE ELSE?**\_\_\_\_\_

**HAVE YOU EVER BEEN ACCUSED OF ABUSING ANOTHER PERSON?**\_\_\_\_\_

**DESCRIBE ANY RECENT CHANGES IN YOUR EATING HABITS:**\_\_\_\_\_

\_\_\_\_\_  
**DESCRIBE ANY CHANGES IN YOUR SLEEP PATTERNS:**\_\_\_\_\_

\_\_\_\_\_  
**ARE YOU PRESENTLY EXPERIENCING ANY MAJOR MEDICAL PROBLEMS? PLEASE EXPLAIN:**

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\_\_\_\_\_

**ARE YOU PRESENTLY TAKING ANY MEDICATIONS? (INCLUDE NAME, DOSAGE AND LENGTH OF USE)**

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**MILITARY HISTORY: (LIST BRANCH OF SERVICE, LENGTH OF SERVICE AND TYPE OF DISCHARGE)**

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**LEGAL: (LIST PAST AND PRESENT LEGAL PROBLEMS)**\_\_\_\_\_

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**SEXUAL PROBLEMS: (LIST PAST OR PRESENT SEXUAL PROBLEMS)**\_\_\_\_\_

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