



Confidential Client Intake Questionnaire

Name: _____ Date: _____

Date of Birth: _____ Relationship to Client: _____

What are your interests and hobbies?

Do you have any cultural, spiritual or religious practices that are important to you?

How is your physical health? (illness, chronic pain, exercise)?

Medications? _____

Who referred you to therapy?

What is the crisis or concern that brings you to therapy?

Who is the person or issue you are most concerned about?

Possible Problems

Listed below are possible problems you and your family might be having. Please rate each by your degree of concern by circling the issue and the number that relates to the intensity. Please explain your level of concern.

1. Suicide Potential or Depression? (low) 1 2 3 4 5 6 7 8 9 10 (high)

Why? _____

- 2.. Alcohol or Drug Abuse? (low) 1 2 3 4 5 6 7 8 9 10 (high)

Why? _____

3. Family or Relationship Conflict? (low) 1 2 3 4 5 6 7 8 9 10 (high)

Why? _____

4. Worry or Anxiety? (low) 1 2 3 4 5 6 7 8 9 10 (high)

Why? _____

5. **Verbally Abusive Behavior?** (low) 1 2 3 4 5 6 7 8 9 10 (high)
Why? _____

6. **Sexually Abusive Behavior?** (low) 1 2 3 4 5 6 7 8 9 10 (high)
Why? _____

7. **Physically Abusive Behavior?** (low) 1 2 3 4 5 6 7 8 9 10 (high)
Why? _____

8. **Other Problem Behaviors?** (low) 1 2 3 4 5 6 7 8 9 10 (high)
Why? _____

Assessment

Why do you think there are problems for you or your family?

Problem Solving

What is the main goal or need you have for the first session?

What are your ideas on how that goal can be accomplished?

Modified from document by Walter H. Bera, PhD.