Client Intake Questionnaire

Please fill in the information below and email it to **analysand242@gmail.com** before your first session.
The information you provide is protected as confidential information and will only be released to persons you authorized outside the codes we are bonded to (See Informed Consent form)

Personal Information

1. Client Name: 2. ID Name & ID#:
3. State, City, Zip Code: 4. Country
5. Street Address: 6. How Long at this Address?
7. Contact Information: ***Consider whether others have access to any specific contact!***
   a. Home Phone: Cell: Work/Other Phone:
   b. Email:
   c. Which contact is best for leaving messages? ☐ Home ☐ Cell ☐ Work ☐ Email
   d. Which contact is best for following up on session-related info: ☐ Home ☐ Cell ☐ Work ☐ Email
8. Date of Birth: Race/Ethnicity: Cis Gender: Nonbinary
9. Sexual Identification: (Choose one) ☐ Heterosexual ☐ LGBTQ+ (specify)
10. Relationship/Marriage Status (Choose one): Other If Other specify:
11. Employment Status: Other If Other specify:
12. How Did You Find Us:

Treatment History

1. Have you previously received any type of mental health services (psychotherapy, psychiatric services, coaching, psychoanalysis, etc.)? ☐ Yes ☐ No Service type (s)
2. Did you complete the treatment? ☐ Yes ☐ No If not/Why not?

Previous Diagnoses, if any:

3. Have you ever been prescribed psychiatric medication? ☐ Yes ☐ No

If yes, provide a list and dates:

4. Are you currently taking any prescription medication? ☐ Yes ☐ No

If yes, please list:

5. Have you been treated with Analysand before? ☐ Yes ☐ No

If yes, please say with whom and the outcome:

General and Mental Health Information

1. How would you rate your physical health? (Please choose one) Excellent
2. How would you rate your mental health? (Please choose one) Excellent
3. What significant life-changing or stressful event have you experienced recently?
4. Do you generally feel that you are in any immediate danger? (Suicidal ideations/homicide/abuse/personal safety)? ☐ Yes ☐ No
5. Are you in a romantic relationship? ☐ No ☐ Yes. If yes, for how long?

   How would you rate your relationship on a scale of 1-10 (with 1 being poor and 10 being exceptional)? 10
6. How often do you engage in recreational drug use? (Please choose one) Daily
7. Prior Counseling for any: ☐ No ☐ Yes If yes, please explain:

Trauma/Domestic Violence/Abuse

Trauma Symptoms: ☐None ☐Acute ☐Chronic ☐Hypervigilance ☐Dreams/Nightmares ☐Dissociation ☐Emotional Numbness
Domestic Violence: ☐ No ☐ Yes If yes, please explain:
Sexual Abuse: ☐ No ☐ Yes If yes, please explain: Physical Abuse: ☐ Yes ☐ No Emotional Abuse: ☐ Yes ☐ No
Other Trauma: ☐ No ☐ Yes If yes, please explain:

Past & Ongoing Challenges

Please add Yes or No in this section and indicate the time where necessary.

Have you ever experienced (Place a checkmark by conditions that apply to you):	Lifetime (Years)	Past 12 months	Past 30 Days	Past 2 Weeks
Abandonment				
Adoption Issues				
Alcoholism				
Anger				
Anxiety, panic attacks or phobias				
Chronic Illness (HIV, Cancer, etc.)				
Drug Addiction				
Eating/Appetite Problems				
Suicidal Attempts				
Suicidal Thoughts or Behavior				
Post-Traumatic Stress Disorder				
Sadness, Grief or Depression				
Sleeping Challenges				
Significant Loss (death, miscarriage, relationship, etc.)				
Sexual Concerns or Challenges				
Unemployment/Career Change				

Family Mental Health History

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member (e.g., yes/mother)

Has any of your family members experienced the following (Place a checkmark by conditions that apply to you):	Parents	Grandparents	Siblings	Other
Alcohol/Substance Abuse				
Anxiety				
Depression				
Domestic Violence				
Eating Disorders				
Obesity				
Obsessive Compulsive Behavior				
Schizophrenia				
Suicide Attempts				

Social History

What do you do for leisure/recreation:
What are your spiritual affiliations:
Any specific spiritual beliefs/considerations:
Any developmental issues:
Any peer supports (provide at least 2 names):

Printed Name:	Signature	Date:

Comments (include anything else we did not cover, or you may want us to know: