



INTERPERSONAL STRATEGIES  
& CONSULTING

New Client Questionnaire

*The purpose of this questionnaire is to obtain a comprehensive understanding of your life experience and background. Completing questions as fully and as accurately as possible will benefit you through the development of a goal-based treatment program designed your specific individual needs.*

Client's full name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

May I call you at home? [ ] Yes [ ] No

May I call you at work? [ ] Yes [ ] No

At what number may I call you and leave a message?

**Presenting Issue(s)**

1. In your own words, please state the issue (or problems) that motivated you to seek therapy today?  
How is this affecting you and for how long?

2. Have you ever had or are you currently experiencing any suicidal (harming yourself) or homicidal (harming someone else) feelings or thoughts? If so, describe.

3. What are your expectations of the therapy process?

4. How many sessions do you think you will need to work through your issue or problem?

5. Are you currently taking any medications? If yes, what are you taking, for what reason, and dosage?

6. Do you currently have any health problems?

Please provide me with your physician's information:

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

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

### **History**

1. Have you received psychological or psychiatric services before? If yes, when? From whom? For what?

2. Have you ever taken medications for psychiatric or emotional problems? If yes: When? From whom? For what?

3. Please describe any issues that that may have affected you in your childhood (educational difficulties, death of a family member or friend, accidents, trauma, etc)?

4. How much caffeine do you consume each week on average?

5. How much nicotine do you consume each week on average?

6. How much alcohol do you consume each week on average?

7. Have you ever used or are you currently using any other substances (such as marijuana, cocaine, heroin, etc)? If yes, please indicate the substance, the amount, and the frequency of use.

### **Family History**

1. Is there any history of substance abuse in your family? If yes, describe.
2. Is there any history of mental illness or mental issues in your family? If yes, describe.
3. Do you have any children? If yes, please indicate their gender and ages.
4. Do you have any brothers and sisters? If yes, what are their ages?
5. How would you describe your relationship with your family?
6. Where do your immediate family members live?

### **Present Relationships**

1. Please describe your current relationship status.
2. If you are in a relationship, how would you describe it?
3. Please describe your present living arrangement
4. Please indicate the people you turn to for support (friends, family, others).

**Abuse History**

Have you ever been or are you currently being abused (physically, sexually, or emotionally)?

**Military History**

Have you ever been in the military? If so, what are the dates served?

**Legal Issues**

Are you currently experiencing any legal issues or problems in your life?

**Financial issues**

Are you currently experiencing any financial issues or problems in your life?

**Additional Information**

Is there anything else that you feel is important for me to know about, as your therapist?

I certify that the above information is true and correct to the best of my knowledge.

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Signature of Client

Date