



INITIAL QUESTIONNAIRE

CLIENT: _____ DATE: _____

Presenting Problem: (Please check all that apply)

- Sexual Abuse Hospitalization Gang Activity Legal Involvement
- Physical Abuse Suicide Divorce Substance Abuse-Parent
- Emotional Abuse ADD Conduct Parenting Conflict
- Family Conflict Anxiety/Panic Social Skills Depression/Bipolar
- Peer Conflict Relationship Grief/Loss Substance Abuse-Youth
- Anger/Violence School Problems Marital Conflict
- Parent's Mental Illness Other: _____

Client and/or Family Issues: _____



Family History:

Marital Status (Explanation): _____

Family Relationship/Conflicts: _____

Siblings Names/Ages: _____

Significant Others in Home: _____

Social History:

Significant Social Development History (behavioral & social responses to the impact of relationships, developmental changes, moves, trauma, etc.): _____

Educational History:

School History/Issues/LD: _____

School Counselor/Social Worker Name/Phone: _____

Attitude Toward School: _____



School Activities: _____

Work History:

Currently Employment: _____

Typical Schedule: _____

Individual and/or Family Abuse History:

Substance Abuse: _____

Sexual/Physical/Verbal Abuse: _____

Psychological and Medical History:

- Current or Recent Experience with: Mood Swings Depression Feeling Hyper
- Unexplainable Fear Compulsive Behaviors Anxiety Boredom
- Poor Impulse Control Intense Anger or Rage Suicidal Thoughts
- Obsessive Thoughts Intense Loneliness Making a Plan for Suicide
- Homicidal Thoughts Making a Plan to Commit Homicide

Prior Counseling or Psychiatric Treatment Issues (include known diagnoses, length of treatment, and inpatient or outpatient): _____



Present/Past Health (Physical and Mental Health) Issues of client and family:

Past/Present Therapists, Psychiatrists, and/or Physicians:

<u>Name</u>	<u>Agency</u>	<u>Phone #</u>

<u>Medication</u>	<u>Prescribed for</u>	<u>Prescribed by</u>	<u>Phone #</u>

Legal History: Current Legal Involvement: Probation Pending Court Date
 Mandated Counseling Community Service DCFS
 Probation Officer Name/Phone: _____

Spiritual: Believes in God Believes in Higher Power Attends church
 Does not attend church Issues with Spirituality

Observations/Concerns/Comments:



Family/Individual Tx Counseling Goals: _____

How will client know that they will be done with the counseling process?

Person completing questionnaire: _____

Relationship to client: _____