

INFORMATION ABOUT YOU

This questionnaire offers an opportunity for you to tell me your goals for your therapy, any concerns you may have, and information about you which you want me to know. You may fill out this form in as much or little detail as you like. You do not need to answer any questions or parts of the questionnaire which feel uncomfortable. Having said that, I appreciate having a good understanding of you and your history and goals, as it allows me to better understand you and to help you achieve your goals. Providing me this information allows us to move ahead efficiently and productively in therapy from the start. Feel free to use as much space as you like to add any additional information you would like me to know.

- Why are you seeking therapy at this time?

- What do you hope to change, accomplish, or experience in therapy?

Your life and background

- Your age:

- Your occupation / profession?

- Are you married or in a primary relationship? (If yes: Name and age of partner? Length of relationship?)

- Do you have children? (If yes: Names and ages?)

- Previous marriage(s) or significant relationships? (If yes: Date/length of relationship?)

- Your educational background?

- Your spiritual/religious background?

- Are you currently in psychotherapy? (If yes: With whom? For how long? Focus of your therapy?)

- Have you ever been in psychotherapy? (If yes: When? For how long? Was therapy helpful?)

(Your life and background, cont.)

- Have you ever taken any medication for depression, anxiety, or other psychological conditions? (If yes: What medication(s)? Time period? For what condition?)

- Are you currently taking any medications? (If yes: What medication(s) and for what conditions?)

- Are you currently being treated by a physician for a medical condition? (If yes: What condition(s)?)

What form of physical exercise do you do? How much and how often?

- Are you currently feeling depressed or anxious?

- Are you currently feeling suicidal?

- Have you ever had thoughts of suicide, or attempted suicide? (If yes, when and what happened?)

- Do you use alcohol and/or any recreational drugs? (If yes: What and how often?)

- Have you ever been a victim of spousal or partner abuse? (If so, when and by who?)

- Have you ever been physically violent toward another person? (If so, when and how?)

- Do you currently have, or have you ever had, what you would consider an addiction? (If yes, what and when?)

- Do you currently have, or have you ever had, an eating disorder? (If yes, please describe)

- Have you ever been involved in a lawsuit? (If yes, please describe)

Your family of origin

- Your parents (Names? Ages, or year of death if no longer living? Occupations?):

- Other significant adults in your upbringing (i.e., step-parent, guardian, other relative? Name? Ages or year of death? Occupations?):

- Briefly describe your childhood in general (Family atmosphere? How you tried to cope emotionally?)

- How would you describe your relationship with your mother when you were growing up?

- How would you describe your relationship with your father when you were growing up?

- Briefly describe your relationship with your parents today:

- Do you have siblings? (Names? Ages, or year of death?)

- Is there a history of alcoholism, mental illness, or violence in your parents, siblings, or other family members or in-laws?

- Has a family member ever been suicidal or tried to commit suicide?

- Was there emotional and/or verbal abuse in your family?

- Was there physical abuse in your family?

- Was there sexual abuse in your family?

(Your goals and concerns, cont.)

- What are your most pressing concerns or worries at this point in your life?

- Do you have any concerns or fears about participating in therapy?

- What are your most pressing hopes and desires at this point in your life?

- What gives you the greatest pleasure or joy?

- Is there anything else you'd like me to know?