

## Patient Questionnaire

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

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Referred By: \_\_\_\_\_

### Presenting Problem

A. What are the main concerns or problems that brought you here today?

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B. Problem Checklist: please circle all that apply:

1. Abuse - physical, sexual, emotional
2. Aggression, violence
3. Alcohol use
4. Anger, hostility, arguing, interpersonal conflicts
5. Anxiety, nervousness, tension, panic attacks
6. Attention, concentration, distractibility
7. Children, child care, parenting
8. Compulsions, Obsessions
9. Decision making, indecisiveness
10. Delusions
11. Depression, low mood, sadness, crying
12. Divorce
13. Drug use - legal, illegal
14. Eating problems - overeating, undereating, appetite changes
15. Employment issues
16. Failure
17. Fatigue, low energy
18. Fears, phobias
19. Financial troubles
20. Gambling
21. Grief, mourning, death, loss
22. Guilt
23. Health, illness, physical concerns
24. Impulsiveness, irresponsibility
25. Judgment problems, risk taking

- 26. Legal trouble
- 27. Loneliness
- 28. Marital conflict
- 29. Memory problems
- 30. Mood swings
- 31. Perfectionism
- 32. Relationship problems
- 33. Self esteem
- 34. Sexual issues
- 35. Sleep problems - too much, too little, insomnia
- 36. Smoking/ tobacco use
- 37. Stress, relaxation, stress management
- 38. Suicidal thoughts
- 39. Weight/diet issues
- 40. Withdrawal, isolation

### **Family History**

A. Your parents' relationship with each other:

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B. Your relationship with your biological mother: \_\_\_\_\_

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C. Your relationship with your biological father: \_\_\_\_\_

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D. How many step-mothers did you have? \_\_\_\_\_ How many step-fathers? \_\_\_\_\_

E. Brothers/Sisters (Names and ages and something about each):

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F. Were you ever in any residential placements, institutional placements, or foster care? Yes\_\_\_\_\_ No\_\_\_\_\_

### **Abuse History (as a child or adult)**

I was not abused\_\_\_\_\_ I was abused\_\_\_\_\_. If you were abused, please indicate the kind of abuse. **P** = physical; **S** = sexual such as touching, molest, intercourse; **E** = emotional, i.e., humiliation; **V** = verbal; **N** = neglect such as failure to feed, shelter, protect. Kind of abuse\_\_\_\_\_

### **Education and Training**

A. Current School/Grade?\_\_\_\_\_

Were you ever suspended from school? No\_\_\_\_\_ Yes\_\_\_\_\_

B. Are you having any difficulties in school:\_\_\_\_\_

### **Medical History**

A. Please list all hospitalizations and operations:

Age	Illness/Diagnosis
_____	_____
_____	_____

B. List all medications taken within the last year (prescription, over-the-counter)

Medication	Dose	Taken for what reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Name and specialty of physicians who have treated you in the last 5 years:

Name	Specialty
_____	_____
_____	_____
_____	_____

D. Have you ever suffered from any of the following:

_____Allergies	_____High blood pressure
_____Cancer	_____Thyroid trouble
_____Diabetes	_____Ulcers

Other: \_\_\_\_\_

E. Is your diet unusual in any way? No \_\_\_\_\_ Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

F. What kinds of physical exercise do you get? How often? \_\_\_\_\_

\_\_\_\_\_

G. How much caffeine do you consume daily? (coffee, soda, tea) \_\_\_\_\_

\_\_\_\_\_

### **Family Medical History**

A. Father's health: good \_\_\_\_\_ fair \_\_\_\_\_ poor \_\_\_\_\_

B. If deceased, age and cause of death: \_\_\_\_\_

C. Mother's health: good \_\_\_\_\_ fair \_\_\_\_\_ poor \_\_\_\_\_

D. If deceased, age and cause of death: \_\_\_\_\_

## Chemical Use

A. Do you smoke anything? \_\_\_\_\_ What? \_\_\_\_\_

How much? \_\_\_\_\_ How often? \_\_\_\_\_

B. Would you say you are a:

\_\_\_\_\_ social drinker \_\_\_\_\_ heavy drinker \_\_\_\_\_ alcoholic \_\_\_\_\_

If you drink, how much? \_\_\_\_\_ How often? \_\_\_\_\_

C. Have you ever felt the need to cut down on your drinking? Yes \_\_\_\_\_ No \_\_\_\_\_

D. Have you ever felt guilty about your drinking? Yes \_\_\_\_\_ No \_\_\_\_\_

E. Would you say you \_\_\_\_\_ don't use drugs \_\_\_\_\_ are a recreational drug user

\_\_\_\_\_ are an addict \_\_\_\_\_ have a drug problem

F. How would you describe your drug use?

I. Chemical	Last Used
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_____	_____
_____	_____

## Psychiatric History

A. Have you ever received psychological or psychiatric counseling services

before? \_\_\_\_\_ No \_\_\_\_\_ Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Have you ever taken medications for psychiatric or emotional problems?

\_\_\_\_\_ No \_\_\_\_\_ Yes, please indicate what and when taken: \_\_\_\_\_

C. Have you ever been hospitalized for an emotional problem? \_\_\_\_No

\_\_\_\_Yes, please explain:\_\_\_\_\_

D. Have you ever made a suicide attempt? \_\_\_\_No \_\_\_\_Yes, please explain

When and how:\_\_\_\_\_

E. Have any close relatives been treated for psychiatric problems? If yes,  
please specify:\_\_\_\_\_

\_\_\_\_\_

F. Has any close relative committed suicide? \_\_\_\_No \_\_\_\_Yes, please

explain:\_\_\_\_\_

### **Legal History**

Have you ever been charged with or convicted of a crime? \_\_\_\_No \_\_\_\_Yes,  
please explain:

\_\_\_\_\_

\_\_\_\_\_