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CONFIDENTIAL QUESTIONNAIRE

DATE: _____

NAME: _____

PHONE (CELL): (_____)_____ PHONE (HOME): (_____)_____

ADDRESS: _____ APT #: ____ CITY:_____ STATE: _____ ZIP: _____

DATE OF BIRTH: ____/_____/_____ PLACE OF BIRTH: _____

HIGHEST LEVEL OF EDUCATION COMPLETED: _____

DESCRIBE THE ISSUE(S) THAT CONCERN YOU: _____

_____

_____

_____

_____

_____

_____(YOU MAY CONTINUE ON THE BACK OF THIS PAGE)

WHEN DID YOU FIRST BECOME AWARE OF THE ISSUE? _____

_____

WHAT HAS WORKED BEST SO FAR IN DEALING WITH IT? _____

_____

_____

HAVE YOU HAD ANY PREVIOUS COUNSELING OR THERAPY? □YES □NO

IF YES, DID YOU FIND IT HELFUL? □YES □NO

IF YES, WHAT WAS MOST HELPFUL? _____

_____

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? □YES □NO

IF YES, LIST: _____

DESCRIBE ANY CLOSE FRIENDSHIPS YOU MAY HAVE: _____

_____

_____

_____

_____

LIST THE NAMES AND AGES OF YOUR BROTHERS / SISTERS:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

LIST INTERESTS, HOBBIE, OR OTHER SOURCES OF PLEASURE AND RELAXATION:

_____

_____

_____

DESCRIBE ONE OF YOUR EARLIEST MEMORIES: _____

_____

_____

_____

HAVE YOU HAD ANY RECENT CHANGES IN YOUR SLEEPING OR EATING PATTERNS? □YES □NO

IF YES, PLEASE DESCRIBE: _____

_____

_____

LIST ANY MAJOR ACCIDENTS, ILLNESSES OR HOSPITALIZATIONS YOU HAVE UNDERGONE: _____

_____

_____

_____

_____

TO WHAT EXTENT ARE YOUR RELIGIOUS BELIEFS A SOURCE OF SUPPORT? _____

_____

_____

_____

LIST THREE THINGS YOU LIKE ABOUT YOURSELF:

1. _____

2. _____

3. _____

WHAT WILL NEED TO HAPPEN FOR YOU TO KNOW THAT THE ISSUE(S) YOU CAME ABOUT HAVE BEEN

SUCCESSFULLY RESOLVED? _____

_____

_____

_____

ANY ADDITIONAL INFORMATION YOU BELIEVE MAY BE HELPFUL OR IMPORTANT: _____

_____

_____

_____

_____

_____

_____

_____