

2575 Forest Ave, Chico, CA 95928 tel. (530) 591-1728

**Intake Questionnaire**

This form is not required to be completed prior to the first session. However, it may help save time during the initial sessions by helping you to organize your thoughts and providing some background information that will be gathered during the first several sessions if not completed beforehand.

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

What brings you to counseling at this time? Is there something specific, such as a particular event? Be as detailed as you can.

What are your goals for counseling?

Have you seen a mental health professional before?

Please specify all medications and supplements you are presently taking and for what reason.

Who is your primary care physician? Please include type of MD, name and phone number.

Do you drink alcohol?

Do you use recreational drugs?

Do you use any tobacco products?

Is there a history of mental illness in your family?

Describe your current living situation. Do you live alone, with others, with family, etc..?

What is your current occupation? What do you do? How long have you been doing it?

Please check any of the following you have experienced in the past six months:

\_\_\_\_Increased or decreased appetite

\_\_\_\_Sleeping too much or too little

\_\_\_\_Trouble concentrating

\_\_\_\_Low self-esteem

\_\_\_\_Depressed mood

\_\_\_\_Low motivation

\_\_\_\_Tearful or crying spells

\_\_\_\_Fatigue/low energy

\_\_\_\_Hopelessness

\_\_\_\_Suicidal thoughts

\_\_\_\_Difficulty making decisions

\_\_\_\_Trouble remembering or memory loss

\_\_\_\_Angry Outbursts

\_\_\_\_Feeling not good enough or that you have let others down

\_\_\_\_Frequent conflict with others

\_\_\_\_Being easily annoyed or irritated

\_\_\_\_Racing thoughts

\_\_\_\_Loss of interest or pleasure in doing things

\_\_\_\_Anxiety

\_\_\_\_Avoiding certain people or places

\_\_\_\_Panic

\_\_\_\_Excessive fear or worry

\_\_\_\_Difficulty or trouble communicating

\_\_\_\_Recent loss

\_\_\_\_Stressful life event(s)

\_\_\_\_Recent relationship changes

\_\_\_\_Other (Specify Below)

What else would you like me to know?