Name: _____ date: _____

INTAKE QUESTIONNAIRE

Your reason for seeking therapy: _____

_____

_____

_____

What would you like to change : _____

_____

_____

_____

Are you experiencing? (check all that apply)

- ☐ relationship problems
- ☐ infidelities
- ☐ trauma/abuse
- ☐ questioning sexual orientation
- ☐ work problems
- ☐ academic problems
- ☐ grief and loss
- ☐ overwhelm
- ☐ sadness
- ☐ insecurities
- ☐ excessive worries
- ☐ anxiety
- ☐ phobia
- ☐ anger
- ☐ guilt
- ☐ low self worth
- ☐ sleep problems
- ☐ loss of appetite
- ☐ over eating
- ☐ purging
- ☐ body image
- ☐ difficulty concentrating
- ☐ attention deficit
- ☐ lack of motivation
- ☐ low energy
- ☐ lack of libido
- ☐ sexual dysfunction
- ☐ hyperactivity
- ☐ mania
- ☐ obsessions
- ☐ compulsions
- ☐ impulsivity
- ☐ hallucinations
- ☐ cutting
- ☐ self destructive urges
- ☐ suicidal thoughts
- ☐ suicidal plans
- ☐ alcohol/drug abuse
- ☐ family history of mental illness
- ☐ health problems

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