

History and Intake Questionnaire

About you and your therapy experience

1. What brings you to therapy at this time?

2. Have you seen a mental health professional before?

Yes

No

3. If you have been in therapy before, what did you like about it? Modalities, styles, approaches, etc.?

4. What are some strengths you would say you have?

5. What are 3 challenges you would say you notice about yourself?

6. What hopes/dreams/goals are important for you right now?

7. What are your goals or intentions for therapy?

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

- Increased appetite
- Decreased appetite
- Trouble concentrating
- Difficulty sleeping
- Excessive sleep
- Low motivation
- Isolation from others
- Social stresses
- Fatigue/low energy
- Low self-esteem
- Depressed mood
- Tearful or crying spells
- Anxiety
- Fear
- Hopelessness
- Panic
- Dissociation
- Relationship stresses
- Intrusive thoughts
- Intimacy/sex Challenges
- Impulsiveness
- Mood changes
- Overwhelm

- Internal conflicts
- Context Shift Challenges
- Challenges Making Decisions
- Agitation or irritability
- Procrastination
- Other

9. Have you ever been hospitalized or received residential treatment for a mental health challenge? If yes, are there aspects of the experience that feel relevant or that you would like to explore in therapy (brief answers are OK).

- Yes
- No

10. Do you have suicidal thoughts?

- Yes
- No

11. Have you ever attempted suicide?

- Yes
- No

12. Have these thoughts changed in frequency from times in the past, and if so, how?

About You and your identities

13. How would you describe your current social relationships (Comfortable, engaged, stressful, conflicts with your group of friends, communities, and social outlets, etc.)?

14. Do you have academic or educational goals and experiences you would like to explore in therapy?

15. What is your current job and/or occupation?

16. Do you have changes to your work that you would like to see? New job, new position, finding a job, setting different boundaries with colleagues, etc?

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

18. Do you have changes to your housing situation that you would like to see? New place, new people, finding housing, setting different boundaries with housemates, etc?

19. Do you have any legal issues pending or impacting you?

20. What communities do you identify or connect with (disability, queer, BDSM, professional, artistic, cultural, hobbies, etc)?

21. Describe your cultural backgrounds (ethnicity, spirituality, political or activist affiliations, subcultures, etc).

22. Are there aspects of your identity you have been questioning or exploring? Sexual orientation, gender assigned at birth, sexual identities/BDSM identities, relationship style and orientation, professional identities, etc.

23. Are there parts of your identity that are marginalized that you would like to explore in therapy? Ethnicity, skin color, neurodivergence, disability, size, immigration experiences, queerness, etc.

24. Are there parts of your identity that are privileged that you would like to explore in therapy? Whiteness, class, ability, passing privilege, neurotypical, gender, religion, etc.

25. Is there anything about your relationships with food, movement, and your body that you would like to explore in therapy?

26. List any hobbies you have or enjoy (sports, travel, community involvement, activism or advocacy, creative outlets, knowledge pursuits, etc.)

About Your Relationships

27. How would you describe your relationship style? Non-monogamous, anarchist, monogamous, polyamorous, open, D/s, etc.

28. What is your relationship status? Single, partnered, polycule, dating some people, Daddy/baby, married, divorced, separated, widowed, etc.

29. Are you currently in a romantic/intimate relationship(s)?

30. Do you have changes to your relationship(s) that you would like to see? Starting a new relationship, ending a relationship, setting different boundaries in a relationship, opening up a relationship, starting a new style or alternative expression, etc?

31. Are there aspects of sex and intimacy that you would like to change?

32. Are there any other current relationships that are a significant focus in your life right now? Please describe.

Family Background

33. How would you describe your relationship with your family?

34. Who raised you (who were your guardians/caregivers)?

35. What are the names and ages of your siblings?

36. Is there a history of mental health challenges in your family?

- Yes
- No

Alcohol and Drugs

37. Do you drink alcohol? If yes, in what settings and contexts?

- Yes
- No

38. Do you use recreational drugs? If yes, in what settings and contexts?

- Yes
- No

39. Would you like to make any changes in how you use alcohol or drugs?

40. Have drugs and alcohol impacted your life or relationships (positively or negatively)?

- Yes

No

Physical and Medical Health

41. Do you have any ongoing health, physically limiting, or disabling conditions?

42. Do you experience chronic pain? Describe.

43. Are you feeling like you want to change how any of those conditions are managed or addressed?

44. Do you have any current or historical physical illnesses, injuries, or medical/hospital experience you would like to address in therapy? You can describe briefly or in detail.

45. Do you have a primary care provider? If so, please include their name and phone number. They will not be contacted without your consent.

46. Would you like me to coordinate with your health care providers, or offer support in navigating your health care system (clinics, psychiatrists, clinics, etc)?

47. What medications and supplements you are presently taking?

48. Do you have a psychiatrist? If so, please include their name and phone number. They will not be contacted without your consent.

An empty text input field with a light gray border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom. The field is currently empty.

Final Questions!

49 referred you to me or how did you hear of my practice?

An empty text input field with a light gray border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom. The field is currently empty.

50. Is there anything else you would like me to know?

An empty text input field with a light gray border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom. The field is currently empty.