



History and Intake Questionnaire

1. What brings you to therapy at this time?
2. Have you seen a mental health professional before?
3. What is your education background? Highest grade/degree, type of degree, educational programs, outlets, or goals.
4. What is your current occupation?
5. How would you describe your current job satisfaction?
6. 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?
7. Describe your current living situation. Do you live alone, with others, etc...
8. 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?
9. Do you have any legal issues pending or impacting you?
10. What communities do you identify or connect with (disability, queer, BDSM, professional, artistic, hobbies, etc)
11. List any hobbies, sports, travel, community involvement, activism or advocacy, creative outlets, special talents
12. Describe your cultural backgrounds (ethnicity, spirituality, political or activist affiliations, etc).
13. How would you describe your current social satisfaction (Are you happy with your group of friends and social outlets?):
14. How would you describe your relationship styles? Non-monogamous, anarchist, monogamous, polyamorous, open, D/s, etc.
15. What are your relationship statuses? Single, partnered, polycule, dating some people, Daddy/baby, married, divorced, separated, widowed, etc.
16. Are you currently in a relationship(s)?

17. How would you describe your relationship satisfaction?
18. 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?
19. Are there any other current relationships that are a significant focus in your life right now?
Please describe.
20. Please check any of the following you have experienced in the past six months

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

21. Have you ever been hospitalized for a mental health issue?
22. Do you have suicidal thoughts?
23. Have you ever attempted suicide?
24. Have these thoughts changed in frequency from times in the past, and if so, how?
25. Do you have thoughts or urges to harm others?
26. How would you describe your relationship with your family?
27. What are the names and ages of your siblings?
28. Is there a history of mental health challenges in your family?
29. Do you drink alcohol?
30. Do you use recreational drugs?
31. Would you like to make any changes in how you use alcohol or drugs?

32. Do you have any physical illnesses or injuries?
33. Do you have any ongoing health conditions?
34. Are you feeling like you want to change how those conditions are managed or addressed?
35. Do you have a primary care physician? If so, please include type of MD, name and phone number. They will not be contacted without your consent.
36. Specify all medications and supplements you are presently taking.
37. Do you have a psychiatrist? If so, please include their name and phone number. They will not be contacted without your consent.
38. Who referred you to me or how did you hear of my practice?
39. What do you consider your main strengths?
40. Is there anything else would you like me to know?
41. What are your primary challenges right now?