



# CLIENT QUESTIONNAIRE ADULT

## A. Identifying Information

- Client Name: \_\_\_\_\_ Date of First Appt.: \_\_\_\_\_  
 Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Employer/School: \_\_\_\_\_  
 Client Marital Status:    \_\_\_ Single    \_\_\_ Married    \_\_\_ Separated    Children: \_\_\_ Yes \_\_\_ No
- Spouse/Partner's name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_  
 Currently employed: \_\_\_ No \_\_\_ Yes, as: \_\_\_\_\_ Work Phone: \_\_\_\_\_
- Other Emergency Contact  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_  
 Currently employed: \_\_\_ No \_\_\_ Yes, as: \_\_\_\_\_ Work Phone: \_\_\_\_\_
- Employer/ School you currently work for/attend: \_\_\_\_\_  
 How long have you been at this employer/school? \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_
- Primary Care Provider's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

## B. Clinical Information

- How did you hear about us? \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_
- Chief Concern  
 Please indicate why you are currently seeking psychological services:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Prior treatment  
 Have you ever received psychological/psychiatric services of counseling?    \_\_\_ Yes    \_\_\_ No  
 If yes, please indicate reason, approximate dates, duration, and type of treatment, and results:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever taken medications for psychiatric or emotional difficulties? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicate medications taken, when they were taken, and results:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized for psychiatric reasons? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicate approximate dates and location(s):

\_\_\_\_\_  
\_\_\_\_\_

4. Family Psychiatric History

Please indicate any history of psychiatric or emotional difficulties among immediate or extended family members:

\_\_\_\_\_  
\_\_\_\_\_

**C. Psychosocial Functioning**

1. Work Functioning

What do you feel are your strengths and difficulties at work?

\_\_\_\_\_  
\_\_\_\_\_

How would you describe your current work performance?

\_\_\_\_\_  
\_\_\_\_\_

Please describe your overall attitude towards work:

\_\_\_\_\_  
\_\_\_\_\_

2. Social Functioning

Please indicate who lives in your household at this time:

<u>Name</u>	<u>Age</u>	<u>Relationship to Child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How do you feel you get along with other members of your family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your interactions with others? (adults, coworkers, romantic, children, etc.)

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What are your primary interests?

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Have you had any speech, hearing, or language difficulties? If so, please describe:

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Approximate date of last physical exam: \_\_\_\_\_ Present height: \_\_\_\_\_ Present weight: \_\_\_\_\_

Please list any past or current prescription medications you have taken/are taking (excluding psychiatric medication and antibiotics):

<u>Medication</u>	<u>When taken</u>	<u>Purpose</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D. Additional Information**

Is there anything else I should know that might be helpful in understanding you?

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