

Front Range Counseling & Mediation, PC

Purpose: The purpose of this questionnaire is to obtain a comprehensive picture of your background. By completing these questions as fully and as accurately as you can, you will facilitate your therapeutic program.

Name: _____ Today's Date: _____

Identification of Presenting Issue:

State in your own words the nature of your chief complaint or presenting issue: _____

Give a brief account of the history and development of your complaint (from onset to present):

Health Information

Are you under the care of a physician? _____ For how long? _____

If so, please describe the condition you are being treated for:

List any medications you are taking: _____

Name of physician: _____

Address: _____ Phone: _____

Date of last physical exam: _____ Results: _____

Any head injuries, blackouts, seizures? _____

Do you have any allergies?: _____

Have you ever been diagnosed with a mental illness: _____ When: _____

By whom: _____ Medications taken: _____

Please list any previous mental health treatment:

Where	Dates of treatment	Treatment methods used & outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe any family history of mental illness:

Have you ever had suicidal thoughts? ____ Suicide attempts? ____ Do you have suicidal thoughts now? ____

If so, please describe:

Any family history of suicide? ____ If so, please describe:

If you smoke, how much? _____ How much caffeine/day? _____

What exercise do you get? _____

How is your diet? _____

How are your sleeping patterns? _____

Family Data

Check One: single engaged married re-married separated divorced widowed

of marriages: ____ #of divorces: ____ # of children: ____

Who provides you with support? _____

Please describe important life events or things that have happened you feel are important in your life: _____

Have you ever been abused? Physically? _____ Sexually? _____ Verbally? _____
Emotionally? _____ Neglected? _____

If so, please provide as much information about the abuse as you are comfortable with:

Highest level of education completed: _____

Religious/spiritual preference: _____

Occupational Data

Present job: _____

Feelings of your job: _____

Would you like to be doing something else? If so, what? _____

Substance Use/Abuse History

Do you have any history of substance use or abuse? _____ Are you currently using? _____

If so, please describe: _____

Do you have any family members who have had substance abuse issues? _____

If so, please describe: _____
