Confidential Client Questionnaire, Individual Therapy

Name:	Age:	Date:

Please describe any significant current or past medical problems:

Please list any substances you currently use. Include any alcohol, prescription, non-prescription and over-the-counter medications and the dosage of each.

Have you had previous mental health and/or substance abuse treatment? ☐ Yes ☐ No

If yes, please give the name of the clinician(s), the months you saw them (e.g., Nov 06 - Feb 07), and the nature of the difficulty at the time.

Have you ever been hospitalized for a psychological difficulty? ☐ Yes ☐ No

If yes, please give the facility name, dates, and the nature of the difficulty at the time:

In your own words, what is the nature of the concern that you wish to address in therapy? Feel free to describe this in as much or as little detail as you wish. Use additional paper if you like.

To this point, have you found or accessed any activities, supports, or self-care practices that have helped you to manage your current challenges? Please describe.

If so, what, in particular, about the practice(s) was helpful?

What are your greatest strengths?

Therapy can be a powerful force for change. In order for it to be most effective it helps to have clear and specific goals. You may find it difficult to express your hopes for therapy in the form of a goal, but please make at least an initial effort. Feel free to list more than one goal if you wish.

The following scale represents progress towards the goal or goals that you listed above. At 10 you have fully achieved the goals that brought you here today, you are exactly where you want to be. 0 is as far away from your goals as you can imagine.

Please circle the number that best represents where you are, today, in your progress towards your goals.

0 1 2 3 4 5 6 7 8 9 10 (goals met)