

INTAKE QUESTIONNAIRE

HOLLY NAVARRETE, PSYCHOTHERAPIST

1. WHAT BRINGS YOU TO COUNSELING AT THIS TIME? IS THERE SOMETHING SPECIFIC, SUCH AS A PARTICULAR EVENT? BE AS DETAILED AS YOU CAN
2. WHAT ARE YOUR GOALS FOR COUNSELING?
3. HAVE YOU SEEN A MENTAL HEALTH PROFESSIONAL BEFORE? WHEN?
4. SPECIFY ALL MEDICATIONS AND SUPPLEMENTS YOU ARE PRESENTLY TAKING AND FOR WHAT REASON?
5. IF TAKING PRESCRIPTION MEDICATION, WHO IS YOUR PRESCRIBING MD? PLEASE INCLUDE TYPE OF MD, NAME, AND PHONE NUMBER.
6. WHO IS YOUR PRIMARY CARE PHYSICIAN? PLEASE INCLUDE TYPE OF MD, NAME AND PHONE NUMBER?
7. WHEN IS THE LAST TIME YOU HAD A PHYSICAL? DO YOU HAVE ANY MEDICAL ISSUES?
8. DO YOU DRINK ALCOHOL? HOW OFTEN?
9. DO YOU USE RECREATIONAL DRUGS? HOW OFTEN?
10. DO YOU HAVE SUICIDAL THOUGHTS?
11. HAVE YOU EVER ATTEMPTED SUICIDE?
12. DO YOU HAVE THOUGHTS OR URGES TO HARM OTHERS?

13. HAVE YOU EVER BEEN HOSPITALIZED FOR A PSYCHIATRIC ISSUE?

14. IS THERE A HISTORY OF MENTAL ILLNESS IN YOUR FAMILY? (I.E. DEPRESSION, ANXIETY, SCHIZOPHRENIA)

15. IF YOU ARE IN A RELATIONSHIP, PLEASE DESCRIBE THE NATURE OF YOUR RELATIONSHIP AND MONTHS AND YEARS TOGETHER.

16. DESCRIBE YOUR CURRENT LIVING SITUATION. DO YOU LIVE ALONE, WITH OTHERS, WITH FAMILY, ETC?

17. WHAT IS YOUR LEVEL OF EDUCATION?

18. WHAT IS YOUR CURRENT OCCUPATION? WHAT DO YOU DO? HOW LONG HAVE YOU BEEN DOING IT? DO YOU ENJOY YOUR WHAT YOU DO?

19. PLEASE CHECK ANY OF THE FOLLOWING YOU HAVE EXPERIENCED IN THE PAST SIX MONTHS:

INCREASED APPETITE

TROUBLE CONCENTRATING

DECREASED APPETITE

DIFFICULTY SLEEPING

LOW MOTIVATION

ISOLATION FROM OTHERS

FATIGUE/LOW ENERGY

DEPRESSED MOOD

TEARFUL/CRYING SPELLS

ANXIETY

DEPRESSED MOOD

HOPELESSNESS

PANIC

ANGER

OTHER/PLEASE SPECIFY:

20. DO YOU HAVE ANY SPIRITUAL BELIEFS OR RELIGIOUS AFFILIATIONS?

21. WHAT HEALTHY BEHAVIORS OR HABITS DO YOU ENGAGE IN ON A REGULAR BASIS?

22. WHAT/ OR WHO ARE YOUR SOCIAL SUPPORTS?

23. HOW OFTEN DO YOU EXERCISE?

