



TERRI J. CLARKE

Marriage, Family, Child Therapist · Certified Imago Therapist · CLMFT, MFC 26011

## Intake Questionnaire

### General:

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Explanation of how patient may be contacted by therapist:

\_\_\_\_\_

E-mail: \_\_\_\_\_ Referred by: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Marital status: \_\_\_\_\_

Educational level: \_\_\_\_\_ Occupation: \_\_\_\_\_

Names and ages of children:

\_\_\_\_\_

Emergency contact information: \_\_\_\_\_

### Financial Information:

Annual household income: \_\_\_\_\_

How do you intend to pay for treatment? (cash, check, charge) \_\_\_\_\_

*\*Upon request, you may be provided with a statement to pursue insurance reimbursement for yourself.*

### Areas of Concern:

Reason for seeking counseling:

\_\_\_\_\_

\_\_\_\_\_

Goals regarding treatment:

\_\_\_\_\_

\_\_\_\_\_

Concerns/fears regarding treatment:

\_\_\_\_\_

\_\_\_\_\_

### Psychological History:

Previous mental health treatment? If so, when and for how many sessions?

\_\_\_\_\_

Focus of previous treatment: \_\_\_\_\_

Name of treating therapist(s), address(es), telephone number(s):

\_\_\_\_\_

Have you ever been hospitalized for mental or emotional problems? If so, when, why and for how long?

\_\_\_\_\_

Prescription medications and dosages currently taking: \_\_\_\_\_

Are you currently experiencing suicidal thoughts? \_\_\_\_\_

Family members currently residing in your home:

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Family makeup during childhood:

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Health Status:

Describe your sleep patterns:

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Have you ever been diagnosed with a serious illness? Please describe.

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Do you have any medical conditions that may affect your mental health treatment? \_\_\_\_\_

Please describe your overall health today.

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Are you experiencing any medical/physical symptoms you attribute to a mental, emotional, or stress-related condition? Please describe.

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Have you ever been in a 12-step program? Please describe.

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Do you smoke? \_\_\_\_\_

On average, how much alcohol do you consume in a week? \_\_\_\_\_

Do you currently use prescription or non-prescription drugs? If so, please describe your current use.

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In the past, have you ever used non-prescription drugs recreationally or compulsively?

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Do you experience any current or past obsessive thoughts or compulsive behaviors?

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Family of Origin History:

Parents ages, living or deceased?

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Number of siblings, your birth order:

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Other Information

Please describe your religious/spiritual tradition: \_\_\_\_\_

Please describe your interests/hobbies. \_\_\_\_\_

Are you now or have you ever been involved in a lawsuit?

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Please feel free to include any other information that you believe is relevant to your mental health treatment, not previously requested.

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