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You may find it helpful to answer these questions prior to your first meeting. If you would rather meet the therapist first or speak directly about any question, please feel free to not answer any questions until later.

Client Name _____

Client Date of Birth _____

Form Completed By _____

Relationship to Client _____

Today's Date _____

1. Please describe the problem(s)/concerns that bring you/your child to therapy today.

2. When did these problems begin? Did they get worse and when?

3. How have the concerns affected your/your child's life?

4. What have you tried to do to address the problems/concerns?

5. How would you like therapy to help? (What are your goals?)

6. What is your/your child's educational background? (For students: What school do you attend? What grade? Are there any significant academic, behavioral, or social issues of concern at school?)

7. Please list types of employment that you/your child have held and if you are currently working.

8. Medical History – Please list your/your child's significant medical issues including past and current issues.

9. Are you/your child taking any medications? Please list them and who prescribes them.

10. Psychotherapy History – Have you/your child been in therapy before? When and for what issues.

11. Have you or others been concerned about your/your child's substance use in the past or currently?

12. Family Background – Please tell me a little about your/your child’s family background and where you/your child grew up.

13. Who do you/your child currently live with?

14. Has anyone noticed/commented on the concerns that bring you/your child to therapy today?

15. Do you/your child have any current legal concerns/issues?

16. What do you/your child do to relax/de-stress?

17. What are your/your child strengths/interests?

18. Is there any other information you would like to include?
