Canyon Hills Counseling, LLC

Make Life Beautiful Again

ADULT NEW CLIENT QUESTIONNAIRE

(Please Print)

Today's date:					
CLIENT INFORMATION					
Last Name:	**First:**	**Middle:**	○ Mr. ○ Miss ○ Mrs. ○ Ms.	**Birth date (mm/dd/yy):**	**Age:**
Street address:		**City:**	**State:**	**Zip:**	
Primary Phone No.:		**Secondary Phone No.:**			
Email:					
Ethnicity:		**Religious background/involvement:**			
Education:		**Occupation:**			
Marital Status (check any that apply): _____ Single _____ Dating _____ Committed relationship _____ Engaged _____ Married (_____how long?) _____ Separated (_____how long?) _____ Divorced (_____how long?)					
Spouse's Name (if applicable):				**Age:**	
Spouse's Occupation:					
Please describe your current living arrangement:					

DEVELOPMENT

Are there special, unusual, or traumatic circumstances that affected your development? _____ Yes _____ No

If yes, please describe: _____

_____

_____

Has there been a history of child abuse? _____ Yes _____ No

If yes, which type(s)? _____ Sexual _____ Physical _____ Verbal

If yes, the abuse was as a: _____ Victim _____ Perpetrator

Other childhood issues: _____ Neglect _____ Malnutrition _____ Other (please specify):

Comments regarding childhood development: _____

_____

PHYSICAL

Date of most recent physical examination? _____ Results? _____

_____

_____

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Current prescribed medications:

Name	Dose	Dates	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current over-the-counter medications:

Name	Dose	Dates	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you allergic to any medications? _____ Yes _____ No

If yes, please describe: _____

SOCIAL RELATIONSHIPS

How do you generally get along with other people? (check all that apply)

_____ Affectionate _____ Aggressive _____Avoidant _____Fight/argue often _____ Follower

_____ Friendly _____ Leader _____ Outgoing _____ Shy/withdrawn _____ Submissive

Other (specify): _____

Do you have any history as a perpetrator of sexual abuse? _____ Yes _____ No

If yes, please describe: _____

LEGAL

Are you involved in any active court cases (traffic, civil/domestic, criminal)? _____ Yes _____ No

If yes, please describe and indicate the court and hearing/trial dates and charges: _____

_____

Are you currently on probation? _____ Yes _____ No

If yes, please describe: _____

Previous legal history (arrests, jail/prison, DUI/DWI, tickets)?: _____

_____

MILITARY

Military service? _____ Yes _____ No Branch: _____ Combat experience? _____ Yes _____ No

Where? _____

Discharge date: _____ Type of discharge: _____ Rank at discharge: _____

BEHAVIORAL/EMOTIONAL

Have you ever participated in therapy before? _____ Yes _____ No

If yes, when? _____ Reason? _____

Have you ever seen a psychiatrist before? _____ Yes _____ No

If yes, when? _____ Reason? _____

Are you currently seeing a psychiatrist? _____ Yes _____ No

If yes, for how long? _____ Reason? _____

Have you or a family member ever been hospitalized for mental or emotional illness? _____Yes _____ No

If yes, please explain (dates, where, reason): _____

_____

_____

Have you or a family member ever been jailed or imprisoned for physical assaults or other behavior? _____Yes _____ No

If yes, please describe (dates, where, reason): _____

_____

_____

Do you face any current threats of significant loss or harm (illness, divorce, custody, job loss, etc.)? _____Yes _____ No

If yes, please describe: _____

_____

_____

Please check behaviors and symptoms that occur to you more often than you would like them to:

Aggression	**Dizziness**	**Judgement errors**	**Thoughts disorganized**
Alcohol dependence	**Drug dependence**	**Loneliness**	**Trembling**
Anger	**Elevated mood**	**Memory impairment**	**Withdrawing**
Antisocial behavior	**Fatigue**	**Mood shifts**	**Worrying**
Anxiety	**Gambling**	**Phobias**	**Other:**
Avoiding people	**Hallucinations**	**Recurring thoughts**	
Chest pain	**Heart palpitations**	**Sexual addiction**	
Cyber addiction	**High blood pressure**	**Sick often**	
Depression	**Hopelessness**	**Sleeping Problems**	
Disorientation	**Impulsivity**	**Speech problems**	
Distractibility	**Irritability**	**Suicidal thoughts**	

Briefly discuss how the above symptoms impair your ability to function effectively:

_____

_____

_____

CRISIS INFORMATION

Are you having any current suicidal thoughts, feelings, or actions? _____Yes _____ No

If yes, please explain:

_____

_____

Are you having any current homicidal thoughts or feelings, or anger control problems? _____Yes _____ No

If yes, please explain:

_____

_____

SUBSTANCE ABUSE HISTORY

	Method of use and amount	Frequency of use	Age at first use	Age at last use	Used in last 48 hours Yes	Used in last 48 hours No	Used in last 30 days Yes	Used in last 30 days No
Alcohol								
Barbiturates								
Valium/Librium								
Cocaine/Crack								
Heroin/Opiates								
Marijuana								
PCP/LSD/Mescaline								
Inhalants								
Caffeine								
Nicotine								
Over-the-counter								
Prescription drugs								
Other drugs/substances:								
_____								
_____								
_____								

TREATMENT NEEDS

There are many common problems that bring individuals, couples, and families in for counseling.
Please rate the following problems you are experiencing:

0 = no problem 1 = mild problem 2 = moderate problem 3 = severe problem

Marriage	**Separation/Divorce**	**Alcohol/Drugs**	**God/Faith**
Pre-Marital	**Child Custody**	**Other Addictions**	**Church/Ministry**
Being Single	**Disability**	**Grief/Loss**	**Past Hurts**
Sexual Issues	**Work/Career**	**Depression**	**Codependency**
Family	**School/Learning**	**Fear/Anxiety**	**Intimacy**
Children	**Money/Budgeting**	**Anger Control**	**Communication**
Parents	**Aging/Dependency**	**Loneliness**	**Self-esteem**
In-Laws	**Weight Control**	**Mood Swings**	**Stress management**

How can I help? Please tell me in your own words what brings you here today:

_____

_____

_____

_____

What are your two most important goals for therapy?

1. _____

2. _____

OTHER

Is there any additional information that would assist me in helping you with your concerns or problems:

_____

_____

_____

_____